

# Snapshot Survey: Haringey G.P. Surgeries



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Haringey Race  
and Equality  
Council



How our survey volunteers described the practice staff they interviewed:



### Acknowledgements

Thanks are due to our volunteers Ann Sheridan, Anne Odofin, Barbara Ryan, Barrie Birch, Chris Goodyear, Daniella Douek, Emma Paveley, Margaret Fowler and Sally Kirkpatrick, who carried out our GP reception research and to all practice staff who participated.

### What is Healthwatch?

Healthwatch is the independent statutory consumer champion created to gather and represent the views of the public on health and social care services. By law a Healthwatch must be set up in every local authority in England.

### Healthwatch Haringey

Healthwatch Haringey ensures that the views and experiences of local people who use services are taken into account. We monitor and work with the people who plan and run services to help them work better. We want all our diverse communities to be involved, and will work to ensure that the voices of all these communities are heard. Our aim is to give patients, service users and the public a powerful voice so that they can influence and challenge decision making in Haringey and help shape local health and social care services.

# Contents

Executive summary	4
GP snapshot survey profiles	6
Introduction	8
What we did	10
What we found	11
Feedback and complaints processes	12
Patient participation groups	14
Reception access	15
Customer care	16
Interpreting Services	17
Support for people with disabilities	20
What would Healthwatch Haringey like to see?	22
Recommendations	23
Appendices	
Appendix A	25
Briefing email sent to GP Practice Managers in advance of survey visits	
Appendix B	26
Extract from briefing provided to Healthwatch Haringey GP survey volunteers	
Appendix C	27
User-led vision for raising concerns and complaints diagram - NHS Ombudsman	

# Executive Summary

## Customer care, feedback and complaints processes

- Most practices were welcoming and keen to assist with our snapshot survey.
- 30 out of 47 practices were observed to be Excellent or Good with customer care interactions.
- In 22 out of 47 reception areas we visited they did not have any information on display about 'how to complain'.
- Very few practices, only 9 out of 47, had accurate referencing of the NHS Complaints Advocacy provider, Voiceability, in their complaints procedures.

## Patient participation groups

- Few examples were given of how patient involvement was encouraged.
- 11 practices do not have participation groups and out of the 35 that told us they hosted these we found 8 that appeared to be hardly active; 2 practices had recently introduced virtual participation groups.
- This means 19 out of 47 practices visited they either did not convene Patient Participation Groups or had groups where meetings were either inactive or only held yearly.

## Interpreting for people who do not speak English

- 37 practices met interpreting needs by use of Language Line. Of these however, eight told us that they often prevailed on family members to provide language support. 8 practices told us that they did not have available interpreting services for patients who do not speak English.

# Executive Summary (cont.)

## Support for people with disabilities - hearing loss and deafness

- Support on offer to deaf and hearing impaired patients was variable. Some practices used screen alerts and had available a consultation room installed with an induction loop.
- 14 surgeries offered British Sign Language (BSL) interpreters for deaf people with 6 others reliant on Haringey Council's Sensory impairment team.
- 25 out of 47 practices said that they did not offer BSL interpreters or acknowledged that they were reliant on support from family members.

## Access to double time appointments for patients with a learning disability

- 42 out of 48 practices routinely booked double time appointments for learning disabled patients.

## GP Snapshot Survey Findings Grid 1 of 2

### Key:

- Yes
- × No
- Partially met
- Not assessed

[n.b. assessments based on one unannounced volunteer visit]

Disabled access?  
Feedback / Complaints notice visible in reception?  
Website includes easy to find link to practice complaints procedure?  
NHS Complaints Advocacy provider referenced in complaints info?  
Practice Participation Group active? (see note 1)  
Interpreting service for non-English speakers?  
BSL interpreter routinely made available?  
Double time appointments for patients with learning disabilities and their carers?  
How did they treat other customers? (note 2)

### GP Collaborative - West

Rutland House Surgery, 40 Colney Hatch Lane, N10 1DX	●	●	×	×	●	●	•	●	3
Grosvenor Road Surgery, 23 Grosvenor Road, N10 2DR	●	×	×	×	●	●	●	●	4
Dukes Avenue Practice, 1 Duke's Avenue, N10 2PS	●	×	×	×	●	●	×	●	3
The Queens Avenue Surgery, 46 Queen's Avenue, N10 3BJ	○	×	●	●	●	●	×	●	4
The 157 Medical Practice, N4 3PZ	●	●	×	×	×	●	×	●	4
Highgate Group Practice, 44 North Hill, N6 4QA	○	●	●	●	○	●	×	●	3
Crouch Hall Road Surgery, 48 Crouch Hall Rd, N8 8HJ	●	×	●	×	●	●	×	●	3
Park Road Surgery, 153 Park Road, London N8 8JJ	●	●	●	×	×	●	○	●	3
The Vale Practice, 50-66 Park Road, N8 8SU	○	●	○	●	●	●	●	●	3
Christchurch Hall Surgery, 20 Edison Road, N8 8AE	●	×	×	×	×	×	×	●	3
Queenswood Medical Practice, 151 Park Rd, N8 8JD	●	×	●	×	●	●	×	●	3
Alexandra Park Rd Surgery ,125 Alexandra Pk Rd, N22 7UN	●	●	●	×	○	×	×	●	•
Allenson House Medical Centre, Weston Pk, N8 9TB	●	×	×	×	•	•	×	×	•

### GP Collaborative - Central

Bounds Green Group Practice, Gordon Road, N11 2PF	●	●	●	●	●	●	×	●	3
Arcadian Gardens, The Surgery, 1 Arcadian Gdns,N22 5AB	●	×	×	×	×	●	●	●	•
The High Road Surgery, 8 Stuart Crescent, N22 5NJ	●	×	×	×	○	×	○	●	4
Westbury Medical Centre, 205 Westbury Avenue, N22 6RX	●	●	●	●	●	●	○	●	3
The Staunton Grp. Practice, Morum House Med. Cntr., N22	●	×	×	○	●	●	●	●	3
Evergreen House Surgery, 22 Cheshire Road, N22 8JJ	×	•	×	×	○	●	×	●	•
Hornsey Park Surgery, 114 Turnpike Lane, London N8 0PH	●	●	×	×	●	●	×	●	3
The Surgery, 625 Green Lanes, London N8 0RE	×	×	×	×	×	×	×	●	•
The Old Surgery, 527 Green Lanes, London N8 0RP	×	×	×	×	×	×	×	×	3
Stuart Crescent Health Centre, 8 Stuart Crescent, N22 5NJ	●	×	×	×	●	•	•	●	1
Myddleton Road Surgery, 52 Myddleton Road, N22 8NW	●	×	×	×	●	●	×	●	3

## GP Snapshot Survey Findings Grid 2 of 2

### Key:

- Yes
- × No
- Partially met
- Not assessed

Disabled access?  
Feedback / Complaints notice visible in reception?  
Website includes easy to find link to practice complaints procedure?  
NHS Complaints Advocacy provider referenced in complaints info?  
Practice Participation Group active? (note 1)  
Interpreting service for non-English speakers?  
BSL interpreter routinely made available?  
Double time appointments for patients with learning disabilities and their carers?  
How did they treat other customers? (note 2)

### GP Collaborative - North East

Tynemouth Road Medical Practice, N15 4RH	●	×	●	×	●	●	●	●	2
Park Lane Practice, 104-108 Park Lane, N17 0JP	●	×	×	×	●	×	○	●	3
Broadwater Farm Health Centre, 2a Willan Road, N17 6BF	●	×	×	×	●	●	●	●	3
Charlton House, 582 High Road, N17 6SB	●	×	●	×	●	●	×	●	•
Somerset Gardens , 4 Creighton Road, N17 8NW	●	●	●	●	●	○	●	●	3
Dowsett Rd Surgery, 57 Dowsett Road, London N17 9DL	●	×	●	×	×	●	○	×	1
The Surgery, 618 Green Lanes, London N8 0SD	●	●	×	●	×	×	×	●	3
Fernlea Surgery, 114 High Road, London N15 6JR	×	×	×	●	●	●	×	●	1
Morris House Grp Practice, 239 Lordship Lane, N17 6AA	●	●	●	×	●	●	×	●	3
Bruce Grove Primary Hlth. Cntr., 461-463 High Rd, N17 6QB	●	●	●	×	×	●	×	×	2
Tottenham Health Centre, 759 High Road, London N17 8AH	●	×	●	×	●	●	●	●	2
Lawrence House Surgery, 107 Phillip Lane, London N15 4JR	●	●	○	×	●	●	●	●	2

### GP Collaborative - South East

Spur Road Surgery, 1 Spur Road, London N15 4AA	●	●	×	×	×	●	•	×	1
Philip Lane Surgery, 326 Phillip Lane, London N15 4AB	●	●	●	×	●	●	●	●	4
J S Medical Practice, 107 Phillip Lane, London N15 4JR	●	●	●	×	●	●	●	●	2
St John's Rd Surgery, 18 St Johns Road, London N15 6QP	●	●	×	×	○	×	×	●	4
Westbury Avenue, 26 Westbury Avenue, London N22 6RS	●	●	×	×	●	●	●	●	3
Bridge House Medical Practice, 96 Umfreville Road, N4 1TL	●	×	●	×	●	●	●	●	2
Havergal Surgery, Havergal Villas, Green Lanes, N15 3DY	●	●	●	●	○	●	×	●	4
West Green Road Surgery, 339-41 West Green Rd N15 3PB	●	●	●	×	×	●	●	●	4
Hurley Chestnuts Park, The Laurels 256 St Ann's Rd, N15 5AZ	●	●	●	○	●	●	×	●	•
The Laurels Medical Practice, 256 St Ann's Road, N15 5AZ	●	●	●	○	●	●	×	●	3
Grove Road Surgery, 1 Grove Road, London N15 5HJ	●	●	●	×	●	●	●	●	4

Note 1: Patient Participation Group (PPG) Fully met = Meeting frequently; partially met = less than quarterly

Note 2: Customer care rating based on volunteer write up of observations on how staff dealt with patients during their October / November 2014 visit with 4 = Excellent; 3 = Good; 2 = OK; 1 = Poor.

# Introduction

In the summer of 2014 Healthwatch Haringey prioritised research into the specifics of GP access in Tottenham Hale. Currently we are working with partners including NHS England and Haringey Clinical Commissioning Group to progress a related action plan.

This interim report continues a GP primary care focus.

We knew from Healthwatch Haringey's engagement activity carried out with individuals and with community groups earlier in 2014:

- focus group meetings with local community groups had identified variations in the availability of translation services for those who do not speak English.
- people with learning disabilities had told us that double time appointments were not routinely offered to them when attending their GP as patients.
- individuals contacting our signposting service had told us that GP practice's feedback and complaints procedures were not consistently made available.

By visiting GP practices during surgery hours our survey aimed to find out about:

- premises access.
- involvement (patient participation groups).
- interpreting services (including language, support for deaf people).
- appointment systems for people with learning disabilities.
- availability of complaints information and support.

A key survey question that we asked related to how surgeries encouraged and analysed feedback including complaints from their patients.<sup>1</sup> It was possible to survey what help was available from the practice for individuals to access support, including the NHS complaints advocacy service, when making complaints.

We were also able to gain an impression from our volunteers of how confident they felt that the GP practice staff they met were able to listen to and understand this feedback.

In addition to our data findings we have summarised qualitative information our volunteers were able to provide from their face to face meetings with practice staff.

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<sup>1</sup> see NHS Ombudsman's Framework in My expectations for raising concerns and complaints November 2014 which outlines a user-led 'vision' of a joined up complaints system across the whole health and social care system in the UK. Their complaints cycle 'vision diagram' is reproduced with permission as appendix C on page 27 of our report.

We also have been able to collate information on the general impression that the GP practice premises give and the welcome offered on arrival.

By deploying our team of 9 volunteers we have been able to identify good and less good practice. We have also been able to make a subjective assessment of the quality of customer care offered to patients during our visit by practice reception staff. We will be discussing the themes that we have identified with GP practices encouraging them to progress recommendations we detail in this report.

# What we did

Volunteers were recruited, provided with mystery shopping training and DBS checked prior to being deployed to visit all of the borough's GP surgeries over an 8 week period between October and November 2014. Each volunteer visited a number of different surgeries in the borough to find out the information outlined above and to get a feel for what first impression the surgery offered in terms of appearance and accessibility.

The information gathered from visits was written up on individual GP Practices and the data summarised in our findings reproduced on pages 5 and 6 above was used for this report.

In advance of the mystery shopper visit an email was sent to the Practice Managers explaining the purpose of our exercise, including the research brief and a commitment to providing them with feedback on our findings and recommendations.<sup>2</sup> However, although we had emailed practice managers with advance notice and details about the aims of our mystery shopping exercise, many front line receptionists were surprised by our visits and had not been briefed on their purpose. In a small minority of practices (4 out of the 47 surgeries) visited staff were confused and / or suspicious of our intentions.

As part of our mystery shoppers' briefing we also looked online for each practice's complaints procedure and/or form.

Volunteers were provided with a covering letter verifying the purpose of our survey which they had available, together with ID, to produce if needed on the day of their visit. Each surgery was visited once. The mystery shopper looked in the waiting room for information on the practice's complaints procedure and any other relevant information.

The NHS guidance on complaints sets out that the first step in making a complaint should be to request a copy of the practice's complaints procedure, which will provide guidance for the practice's in-house resolution protocol. Typically the next step in this process is to raise the matter in writing or by speaking with the practice.

Our mystery shoppers spoke with front line reception staff or directly with the Practice Manager requesting sight of the practice's complaints procedure and/or forms. They also considered how the reception staff handled his request. Where the reception was very busy or the practice manager was unavailable our volunteer shoppers were briefed not to wait, in order to avoid causing additional waiting for patients and rescheduled their visit.

Visiting GP practices during surgery hours our volunteers gained first impressions of how front line staff were receiving and dealing with enquiries from patients attending appointments.

We are able to report that, on the whole, our volunteers were met with a warm welcome and staff had an open and professional manner.

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<sup>2</sup> see our email sent to practice managers in September 2014 reproduced at Appendix A, page 25.

# What we found

Our mystery shopping experience highlights the generally helpful and professional nature of the reception staff in Haringey's GP practices. The mystery shoppers said that, from their observations, members of staff were generally providing excellent customer care and were very welcoming, albeit in a busy work environment.

## How greeted?

Our researchers noted:

*“Warm, friendly and co-operative”*

*“Very politely and efficiently”*

*“Respectfully and professionally. Nice, calm, business-like atmosphere.”*

*“I was well received, eventually”.*

In all but two of our 47 visits our volunteers were able to complete our survey face to face with reception staff and / or practice managers.<sup>3</sup>

*“There was a long queue. The receptionist was on the phone the entire time and spoke to no one.”*

In two surgeries our volunteers experienced difficulty or had cause to intervene.

In one surgery a doctor told our volunteer they wouldn't take part (in the survey) because they were too busy. The volunteer was, in effect, escorted off the premises.

In another practice our volunteer witnessed an elderly patient who was being articulate and reasonable being confronted in reception by a doctor telling him to 'listen, shush, calm down'.

Our volunteer's report concluded:

*“Given the reception I got, attitude of a doctor and condition of the surgery, I would not want to be a patient at this practice”.*

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<sup>3</sup> One survey was completed via telephone interview with an interim practice manager without face to face meeting of practice staff. In the other, a GP stopped our volunteer talking to staff and told her that they didn't want to take part in our survey as they were 'far too busy'.

# Feedback and complaints processes

As cited above, the NHS Ombudsman has recently combined with Healthwatch England to produce a report, “My Expectations for raising concerns and complaints”. They explain that their work matters because it provides an updated approach to encouraging feedback including complaints, “creating an ‘outcomes framework’ that the leaders of health and social care systems are already committed to implementing”.<sup>4</sup>

Although we did not specifically set out to test it in our survey we found that most, but not all, practice managers readily explained their practice’s complaints procedure.

When our volunteers met with front line reception staff their default response on involvement and feedback was usually a referencing of complaints procedures rather than a continuum of participation, raising of concerns and complaints.

## What posters about giving/making complaints were on display? Were they easy to find?

*“I couldn’t find one (notice re complaints), but they showed me it was under a flu jab poster.”*

*“Nothing about complaints at all. Leaflet about practice says you can ask the ‘Complaints Manager’.”*

*“No visible information about complaints. - requests are referred to Practice Manager.”*

Addressing misunderstandings, communication issues or minor complaints before they escalate to the formal complaints process can be beneficial for all involved.

We found in our conversations about complaints handling processes that we initiated with front line staff that they did not put these into context of their practice welcoming feedback and concerns as well as complaints.

Written information about feedback processes available in practice information leaflets that were made available to us usually only referenced complaints handling. Two GP practices had suggestions boxes in their reception areas but neither provided paper or pens.

In terms of simple notices encouraging feedback (including comments and complaints) that practices displayed in their reception areas there was a mixed picture. In 22 out of the 47 reception areas we visited they did not have ‘how to complain’ information on display.

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<sup>4</sup> My expectations of raising concerns and complaints, November 2014 see p.4 Foreword and diagram on p.8 reproduced as appendix C on page 27.

In practices in South Tottenham our volunteers found that 90% of practices displayed complaints information notices. However, in Wood Green / Bounds Green practices they were able to locate complaints information notices displayed in only 50% of practice reception areas.

### What comments and complaints posters were on display?

Our researchers noted:

*“(Complaints) posters at desk, easy to find.”*

*“Yes complaints can be made online using the surgeries website and staff had a copy of the complaints process.”*

*“No visible information about complaints. Requests are referred to Practice Manager.”*

With, only 22 out of 47 Haringey’s GP surgeries visited displaying reception posters about complaints procedures it is apparent that patients are not being informed about their right to complain.

Some practices had begun to advertise feedback mechanisms including in reception areas and on their websites including the Friends and Family test or the Care Quality Commission’s feedback “Tell Us About Your Care” postcards.

But only 9 out of 47 of surgeries included the NHS complaints advocacy service provider, Voiceability in their complaints procedure.

Finding complaints information on practice websites was difficult. Even when surgeries had their own website, ‘how to complain’ information often did not include the practice’s written policy or named contact on complaints.

For proper patient involvement, at the outset, it is vital that patients feel confident to make comments (good and bad) or to make a complaint. Without the simple step of displaying notices encouraging comments and explaining complaints procedures, opportunities are being lost to get evidence with which to improve services. When procedures are explained there is a need to reference the available advocacy support for those who want to access help to complain.

# Patient participation groups

Patient Participation Groups could play an important role in advising practices on their patients' perspective, and they give patients a say in how health services are delivered.

They are an important mechanism through which patients' views can be heard and acted upon. But for people to get involved they first need information about the existence of their surgery's Patient Participation Group meetings.

35 surgeries reported that they were running Patient Participation Groups and 11 were not.

We found that the less than half (16 of 35 of those who had groups) had 'please join us' styled Patient Participation Group invitations displayed in their waiting rooms.

Our volunteers were able to sense from the conversations with staff the value placed by the practice on their participation groups. Some cited regular bi-monthly meetings with agenda topics agreed, actions recorded and progress reported. Two ran email 'participation groups' only. For the latter, it was not clear with what frequency these were instigated or whether tactics existed to ensure those patients who were not digitally connected could contribute. No mention was made as to how the views of patients who would be excluded from email only 'participation' groups would be sought.

There appeared to be some very active, themed, participation groups. Staff at these practices had information about recent meetings where issues had been raised and details of how these were being addressed.

Our impression however was that involvement in Patient Participation groups was patchy. In addition to the 11 practices that did not have groups, for 8 of the 35 practices where we were told that groups existed it appeared to us that they struggled to meet and were hardly active.

We were concerned that in nearly half (19 out of 47) practices visited they either did not convene Patient Participation Groups or had groups where meetings were either inactive or only held yearly.<sup>5</sup>

## Does the practice host patient participation group meetings?

*". . . meets about 6 times a year. The last meeting was about what services that non-doctor staff can provide, such as nurses completing blood pressure checks."*

*"No. Considered it but not yet anything done to set it up!" "No, it was felt that the patients were a 'too diverse' mix to form a group".*

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<sup>5</sup> Of the 35 practices who told us they had groups it appeared that 10 met either rarely (less than quarterly) or annually. These 10 included 2 who had introduced email only 'groups'. For two practices patient participation information was not available.

# Reception access

We asked volunteers to assess each GP practice that they visited from the perspective of a first time visitor in terms of physical access, layout, cleanliness and signage. Our visits were not a substantive premises audit but we aimed to get a feeling for the physical environment and reception area.

Most premises were accessible, clean, with clear signage and welcoming.

Four premises were not accessible.

In a minority of premises the reception space was cluttered, with signage poor or sparse.

## Reception - how would you describe the interior?

Responses included:

*“clean, bright and pictures of the doctors in the entrance.”*

*“...clean, hygienic and tidy. Clean, cluttered free, spacious, electronic messaging system. Nice touch - a fish tank...very calming.”*

*“chairs around perimeter of waiting room which was otherwise bare. No posters/pictures on the wall.”*

*“It was not very clear from the front that you would be able to get into the building unless you already know the procedure.”*

*“the door was so dirty that someone had written ‘clean me’ on it.”*

*“Cramped. I tripped on the weighing machine.”*

# Customer care

## Customer care - how would you describe the service you received?

Using the survey reports obtained it has been possible to provide a snapshot 'word cloud' reproduced on the inside front cover of our report which encapsulates the first impression provided to Healthwatch Haringey's volunteers by practice staff they met.

*"They were slightly hesitant to answer my questions at first, but after the initial greeting they were helpful and friendly."*

## Customer care - how did staff treat other customers?

On arrival at each practice, where possible, our volunteers took a few minutes to observe the interactions between front line reception staff and other customers.

Generally, this assessment mirrored the initial greeting that volunteers perceived that they had received. In the most part, volunteers had been greeted in a friendly, helpful and professional manner and these qualities were observed in interactions that practice staff had with other customers.

*"Very well. As it's a small practice they know most of them."*

*"Patients were treated politely by both receptionists - they differed as one was easily flustered and seemed full on anxiety, and the other was calm, addressed patients by their names and smiled frequently."*

*"There was a long queue. The receptionist was on the phone the entire time and spoke to no one."*

*"Excellent. The staff speak many languages between them and cover all questions asked. The surgery was pushed back with clients who were dealt with quickly and efficiently. A very good performance all round."*

It was possible to use the qualitative, snapshot information gleaned from volunteers' observations on their visit to compile a subjective customer care practice rating (excellent, good, ok, poor). This rating is based on our 'one off' observational snapshot of staff interactions with patients witnessed during our volunteers' visits.

We assessed staff interactions that were observed with patients in some practices (10 out of the 44 visited) as adequate or poor.

# Interpreting Services

Our volunteers asked practice staff if there were interpreting services available for patients who did not speak English. It is good practice for independent interpreting services to be provided to individuals who do not speak English or speak English as a second language and not to rely on family members for assistance.<sup>6</sup>

We know from our outreach activities with community groups that variations in availability of interpreting services is a current issue of concern. Some practices visited had staff with a range of community languages. We found that 37 practices stated that they offered interpreting services for people who do not speak English.<sup>7</sup> Most practices said they used language line but our volunteers found that many practice staff told them that this service had limitations. Some practices (8 out of 37) added that the reality was that family members or friends were often asked to assist with language translation.

**Does the practice provide interpreting services for people who do not speak English?**

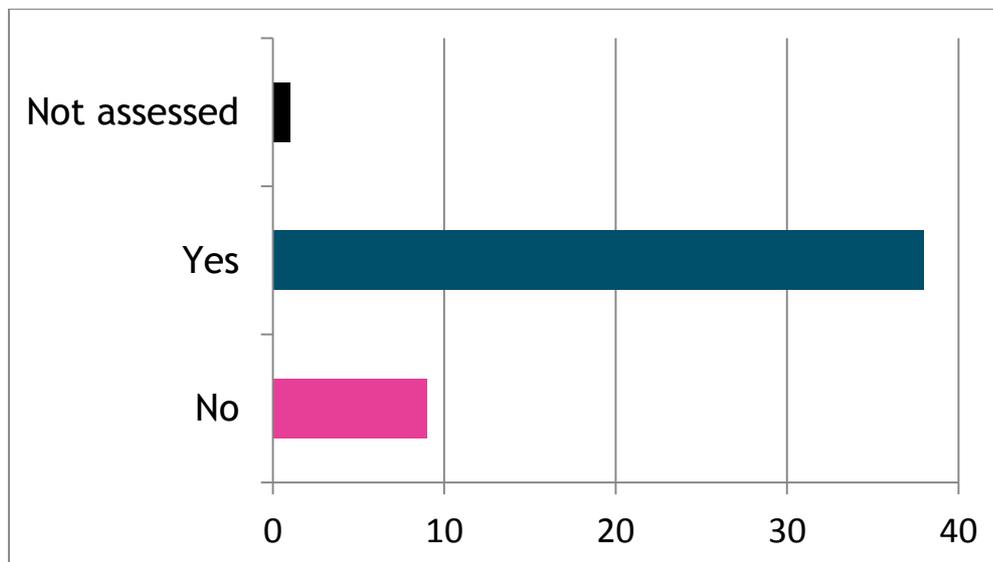


Figure. 1

We know from our outreach work that many residents are reliant on community groups to provide language support. From our discussions with BME community groups we found that usually people don't feel that it is appropriate for them to be asked to bring either a friend or a family member to GP consultations. In particular they do not feel that they should, in this way, be required to disclose the condition for which they are seeking treatment to family and / or friends.

<sup>6</sup> For example [Improving access, responding to patients A 'how-to' guide for GP practices](#) produced in 2009 with support from Royal College of General Practitioners (RCGP) and Department of Health. Section 6.1 p.97 [Understanding your community - five steps to improve access for patients from black and minority ethnic groups](#) [<http://www.practicemanagement.org.uk/265>]. "Language Line works with organisations to provide a 24-hour telephone interpreting service that connects you to a qualified interpreter in less than a minute. This is cheaper than face-to-face interpreting and is easily accessible."

<sup>7</sup> Eight practices did not have access to interpreters and two were not assessed on this during our visit.

People who have attended our focus groups who do not speak English have told us there have been no interpreting services offered when they go to see their GP.<sup>8</sup>

We have also had complaints from a health advocacy project who asked Healthwatch:

*“ . . . what provision is there for interpreters in Haringey, particularly in primary care appointments? We have several vulnerable clients who use health services in Haringey and are not provided with interpreters despite them being requested by both the clients and us. As our clients tend to have complex mental and physical health problems, the lack of interpreters makes it difficult for them to communicate their needs and understand any advice or guidance given by health professionals.”<sup>9</sup>*

When patients have requested an interpreter there have been instances where their GP has said that phone interpreting is not available. Healthwatch Haringey has obtained confirmation from NHS England that Language Line provides services in Haringey which they (NHS England and not the GP practices) fund. NHS England explained that each practice should have a procedure in place to contact Language Line when an interpreter is needed.

Healthwatch Haringey has heard from two individuals last year where phone interpretation has been made available at a cost to the individual. On these occasions GPs have charged patients an hourly £15 rate to access an interpreter in their chosen language.<sup>10</sup>

We found that whilst 37 out of 47 stated that they provided access to interpreters, only very few practices referenced the availability of interpreting services on their website or practice leaflets.

For the eight practices that did not offer translation five were in west or central collaboratives and three were in Tottenham.

Practice staff in in the North East and South East Tottenham GP collaboratives were more likely to have staff able to communicate with patients in different languages.

### **Does the surgery provide interpreters for people who do not speak English?**

*“They use Language Line and Council services. The present receptionists speak Lubguda and Portuguese.”*

*“The surgery has signs up in Turkish Polish, Spanish, and Portuguese. The receptionists also speaks French and Asian languages. They use language Line or people will bring someone with them. For very simple issue staff use Google translation and the patients can then read what is said to them.”*

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<sup>8</sup> Latin Women Rights Service focus group meeting facilitated by Healthwatch Haringey held 23<sup>rd</sup> August 2013 <http://www.clauk.org.uk/wp-content/uploads/2013/05/CLAUK-Response-to-Healthwatch-Haringey-consultation.pdf>

<sup>9</sup> Signposting referral to Healthwatch Haringey from Manor Gardens Advocacy Project, November 2014.

<sup>10</sup> Latin Women Rights Service focus group meeting facilitated by Healthwatch Haringey, held 23<sup>rd</sup> August 2013.

*“Yes they provide translation for non English speakers via Haringey Council”<sup>11</sup>*

*“The surgery use Language line, the(y) also have a receptionist that speaks Turkish and Kurdish, which (is) the language a lot of (their) patients use. Outside this they use language Line or people bring someone with them.”*

*“The surgery use language line, or patients brings someone with them, they find language line very good, quick and reliable they find. This was the main support around translation.”*

*“(they) use telephone line but prefer (patients) to come with a friend.”*

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<sup>11</sup> Haringey Council interpreting and translation service: <http://www.haringey.gov.uk/contact/translation-and-interpreting-services#tandi>

# Support for people with disabilities - hearing loss and deafness

Deaf people face many barriers when trying to access information or services, either through lack of awareness or language barriers. Nationally some 55% of people aged 60 and over are deaf or hard of hearing and 55,000 people have sign language as a first language.

Our volunteers asked two questions related to availability of support for deaf people.

First, a general question on the support that the practice offers to patients who are deaf and, second, a more focussed question on the availability of British Sign Language (BSL) interpretation. Deaf people face many barriers when trying to access information or services, either through lack of awareness or language barriers.

Earlier this year the British Deaf Association produced a recommended checklist to help health providers improve access for deaf people. Ensuring access for Deaf people to information and services at the first point of contact was the first of five proposed NHS provider commitments.<sup>12</sup>

In contrast to the availability of translation detailed above, our survey found that over half of the GP practices surveyed (25) in Haringey did not routinely offer British Sign Language (BSL) interpretation.

## Does the surgery offer British Sign Language for people who are deaf?

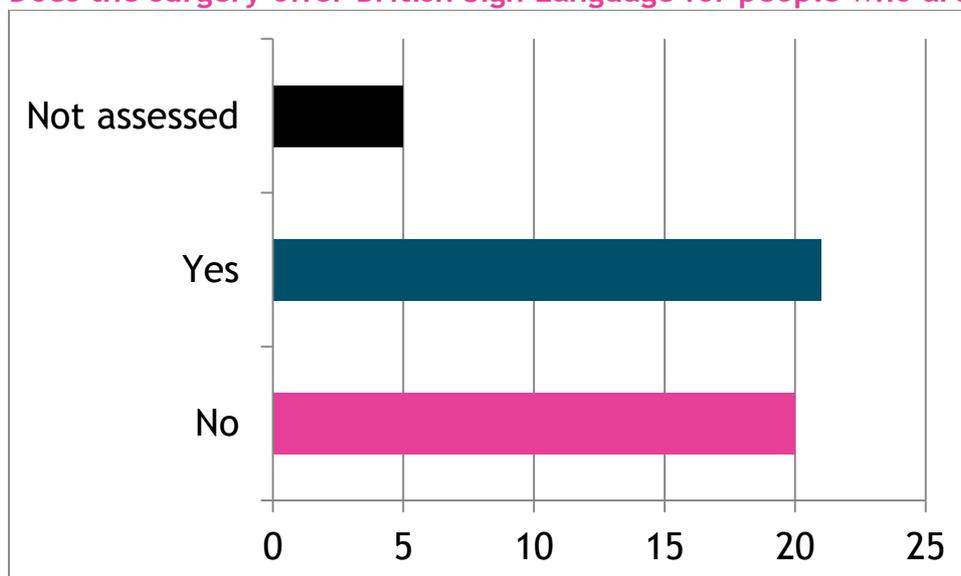


Figure 2.

<sup>12</sup> [Improving Access for British Sign Language Users - Checklists for Health Boards and NHS Trusts; British Deaf Association February 2014](#)

In those practices where staff told us that they did not offer BSL interpretation they explained this by stating reasons such as:

*“Only one person who is deaf”*

*“Small practice”*

*“Has never arisen. No one deaf.”*

When we asked what support is available for deaf patients some referenced the availability of induction hearing loops, others referenced staff training that had been accessed in the past.

### **What support for people who are deaf does the practice offer?**

Responses included:

*“(get) support from a private company when needed”*

*“Alert pops up (on screen)”*

*“. . . they have a hearing loop.”*

*“they ask patients to bring someone with them”*

6 out of 47 practices stated that they referred Deaf patients with support needs including interpretation to Haringey Council’s Sensory Impairment Team.

BSL interpreters can be accessed via video interpreting services. Use of this economical interpreting support was referenced by one of the practices visited.

Responses to questions on availability of BSL interpreting services.

Our researchers noted:

*“The practice offers support via Action for Hearing Loss.”*

*“Use the sign line”*

*“Use the text and type service successfully with the deaf”*

*“No support for deaf people apart from the audio machine”*

*”Some staff had done basic BSL course”*

*“everyone went on a signing course - but she’s forgotten it”.*

# What would Healthwatch Haringey like to see?

Most practices appear keen to ensure that their front line staff can deal effectively and empathetically with patients. This involves ensuring that information on individual's involvement in health and care is promoted but this is not always clearly communicated and opportunities to signpost individuals to advocacy support are being missed.

Healthwatch Haringey would like to see staff GP practice training and support delivered that results in front line staff having greater confidence initiating simple measures to encourage feedback including complaints. This would further develop the 'learning and doing' culture in NHS and partner services responsive to the diverse population who live in Haringey.

Evaluating services through feedback is one of eight priorities to transform individual involvement in health and care described in an important recent King's Fund report: People in control of their own health - the state of involvement.<sup>13</sup>

Collective means of involvement, where people get involved with services to improve them for others, through for example patient participation groups, need to be delivered in all GP practices, not just some, and improvements implemented should be widely shared.

Feedback systems either at reception or with the practice manager need to be encouraged as it's a good way to resolve complaints quickly and informally.

However, it is important that a well-publicised procedure exists for those who wish to complain.

An up-to-date and easy read complaints procedure and complaints form, both made available on the GP practice reception desk, could easily help bring consistency to local processes and make it easier for patients to raise concerns and complaints.

We would like to see more practices displaying and providing this information, and for Haringey Clinical Commissioning Group to support them in doing so.

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<sup>13</sup> [People in control of their own health - the state of involvement](#) King's Fund November 2014 p.15

# Recommendations

## Practice managers and GP partners

- To ensure that information about how to make a complaint, referencing Voiceability the NHS Complaints advocacy provider, is displayed in waiting rooms.
- To ensure that the practice's written feedback and complaints procedure is available at reception.
- To ensure the practice's complaints procedure is available online and easy to find on the practice's website.
- To work with all practice staff and other Primary Care / Social Care providers (including Whittington Health) to increase awareness of and encourage use of feedback and complaints procedures.
- To display information about their Patient Participation Group in waiting rooms and online.
- To ensure access to interpreting/translation services for patients who do not speak English.
- To offer British Sign Language interpreters for Deaf people and offer practical support (e.g. interview room with induction loop) for patients and their carers who experience hearing loss.
- To review internal communication systems to ensure that external notifications are shared with appropriate staff, including front line staff, in a timely fashion.

## What we will do:

### Healthwatch Haringey will

- Disseminate the results of this survey to all GP practices in Haringey and facilitate discussion at the GP area collaboratives.
- Carry out a follow up snapshot survey before July 2015.

- Use the NHS Ombudsman’s Framework, now adopted by the Care Quality Commission for their inspections, as a model template and encourage all providers to devise an agreed, user-led, vision for raising concerns and complaints, helping individuals to feel confident to speak up, listened to and confident their complaint made a difference.<sup>14</sup>
- Encourage all NHS providers and social care agencies in Haringey including General Practices to have a consistent approach to complaints procedures.

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<sup>14</sup> A user led vision for raising concerns and complaints reproduced as appendix C of this report.

## Appendix A

### Briefing email sent to GP Practice Managers in advance of survey visits

**From:** HealthWatch Haringey  
**Sent:** Tuesday, September 16, 2014 11:40 AM  
**Subject:** Healthwatch Haringey GP Mystery shopping

Dear Practice Managers

Healthwatch Haringey volunteers will be visiting GP practices in Haringey to undertake a mystery shop which will be looking at the organisation of the reception area information available in the form of leaflets and posters and accessibility for those people whose first language is not English or who have a learning disability. The visits will take place over the next few weeks.

Volunteers will make themselves known to the receptionist and have Healthwatch Haringey identification.

We will provide GP practices with a report of our findings following the visit.

With regards.

Administrative Officer  
Tel: 020 8888 0579  
Email: [info@healthwatchharingey.org.uk](mailto:info@healthwatchharingey.org.uk)  
Web: [www.healthwatchharingey.org.uk](http://www.healthwatchharingey.org.uk)



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## Appendix B

Extract from briefing provided to Healthwatch Haringey GP survey volunteers



### Mystery Shopping brief for GP surgeries in the borough

#### Background:

The purpose of this mystery shopping exercise is to find out about complaints systems in GP surgeries have in place across the borough and to find out whether they offer a translation service to people who do not speak English and British sign language interpreting for people who are deaf.

We also would like to find out what types of support they offer to people with learning disabilities.

We will be asking our volunteers to visit all of the surgeries over the course of the next 5 weeks. We would like each volunteer to visit 5 different surgeries in the borough to find out what the surgery is like in appearance, accessibility and what services they do or do not offer.

The information gathered from your visits will be put into a report. The report will be given to the NHS to help them improve their services.

#### What you need to do:

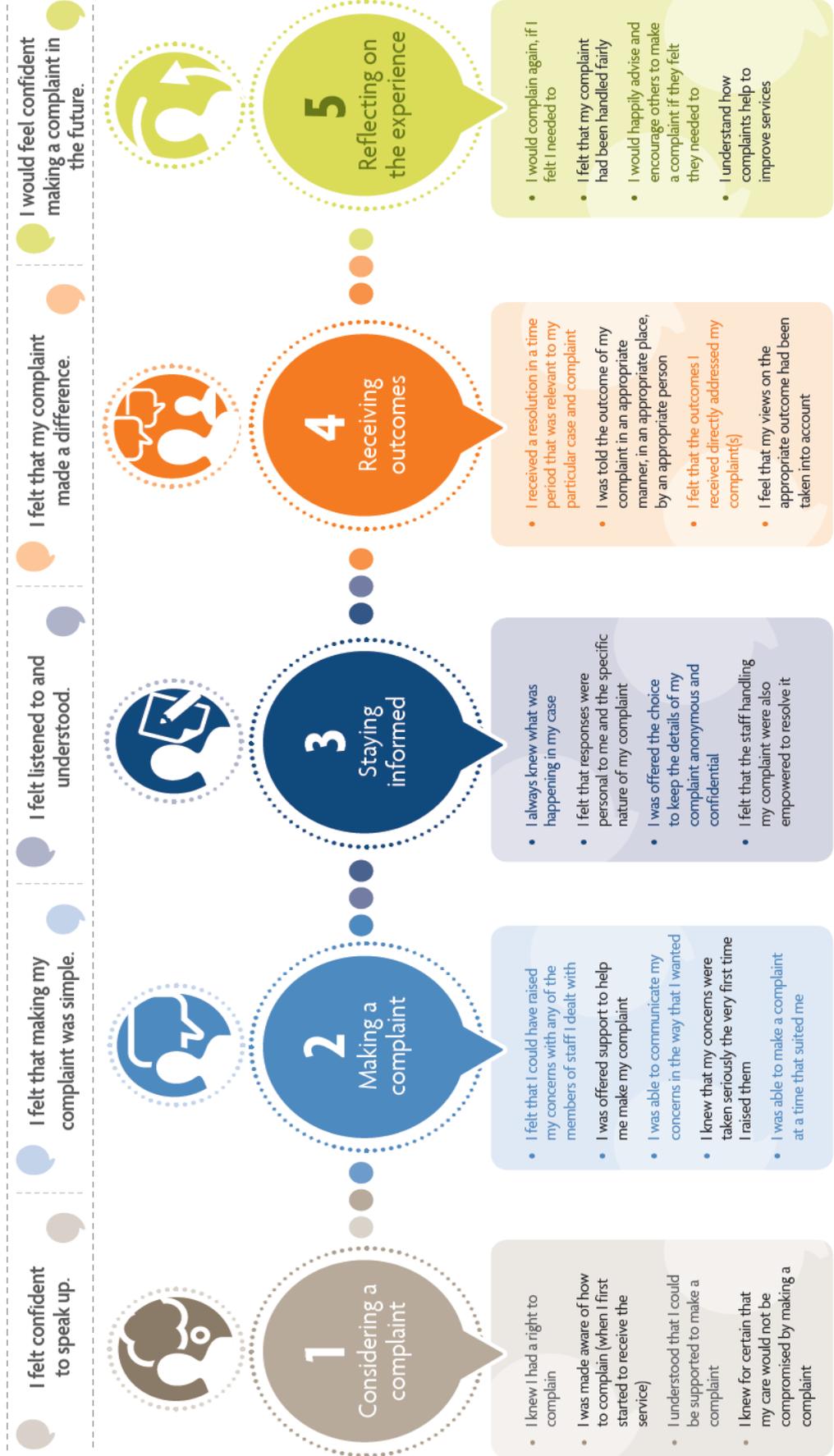
1. Volunteers will need to visit several GPs and speak to the receptionist at the surgery with the questions provided.
2. Please familiarise yourself with the mystery survey before you carry out the visit.
3. Look at the information displayed in the GP surgeries to see whether they have their complaints information displayed.
4. Look at the information displayed and see if they have a poster of Healthwatch Haringey displayed.
5. Find out whether they offer translation services and the types of support they offer to people with learning disabilities.
6. Write your findings up and email them to us at Healthwatch Haringey so they can be put into our report.

#### Questions to ask staff at the GP surgery

1. Do they have a complaints process in the surgery?
2. Could you have a copy of the complaints process?
3. What types of translation services they have in place?
4. What support does the practice offer a Deaf person?  
How do you book a sign language interpreter?
5. Does anyone in the practice know and use British Sign Language?
6. What support do they offer people with learning disabilities and can they offer double appointment times for people with learning disabilities?
7. Do they have information in easy read format to help people with learning disabilities?
8. Does the surgery have a patient participation group?

Extract from My expectations for raising concerns and complaints

A user-led vision for raising concerns and complaints





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