



**ENTER AND VIEW:**

**ALLERTON ROAD  
MEDICAL CENTRE**

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# Executive Summary

On 11 June 2025 and 29 September 2025, Healthwatch Hackney conducted an Enter and View visit to Allerton Road Medical Centre, prompted by a conversation with the Practice's Patient Participation Group (PPG). This visit supports our commitment to ensuring high-quality, patient-centred care and aligns with Healthwatch's mission to amplify patients' voices, ensuring their feedback informs improvements in local health and social care services.

## What we did, why and how

Preparation for the visit included reviewing the surgery's website, the latest CQC report and existing patient feedback dating back 12 months. Together, this insight provided a robust evidence base on which to ground our visit.

Based on this evidence, our visit was guided by four questions:

1. What is the patient experience like regarding booking appointments?
2. What is the quality of interaction between reception staff and patients?
3. How well does the surgery meet the needs of its most vulnerable patients?
4. To what extent does the surgery respond to and engage with patients' compliments, feedback and complaints?

To answer these questions, during our visits we made observations and spoke with patients, staff and the practice manager. Throughout the process we adhered to ethical guidelines by minimising disruption to the surgery's operations, seeking patients' consent and anonymising data at collection.

Finally, we coded and analysed the data to identify key themes, while comparing the patient and staff feedback to offer a comprehensive and balanced view of the surgery and identify any discrepancies.

During our visits we spoke with 14 patients, the practice manager, two clinical staff members and the lead receptionist. While our data is not representative of the entire patient population, we captured a diverse sample to ensure we gathered a broad range of perspectives and experiences, reflecting different patient needs and interactions with the surgery.

## Key Findings

**Appointment booking and waiting times:** There are multiple ways to book an appointment, including online, in-person or on the phone. Patients describe a mixed experience, with some saying the process is “*easy*” while others “*really bad*.” Long waiting times to see a doctor are mainly due to the recent retirement of a long-standing GP, which has led many patients to prefer booking with another well-established doctor rather than the newly hired practitioners.

**Reception staff:** Patients shared mixed views about reception staff. Some described them as helpful and friendly, noting that they “*always try to help*,” particularly in-person. Others, however, felt that phone communication could be improved.

**Quality of care:** Patients have varying perspectives on the quality of care at the practice. Some spoke positively about their clinicians explaining their concerns were addressed, while others reported feeling rushed and unable to see the same practitioner.

**Accessibility:** Translation services are not always proactively offered to patients whose first language is not English and the electronic check-in system only works in English. We observed this ourselves during our visit, when reception staff were unable to access Language Line, making communication difficult for a patient with very limited English who was trying to register.

**Feedback, compliments and complaints:** We heard from the Practice Manager that they work hard on gathering and addressing patient feedback. The practice also works closely with an active Patient Participation Group (PPG), implementing changes and improvements based on its suggestions. However, two thirds of patients we spoke to on our visits told us they were unsure how to provide feedback.

**Family-like team culture:** Staff described a strong sense of teamwork and belonging, often referring to the surgery as a “*family-like*” practice. They praised the supportive environment, flexibility and investment in professional development. However, the close-knit culture also presents challenges, as informal dynamics can blur lines of accountability. The Practice Manager’s loyalty to the team strengthens internal trust and collaboration. However, clear accountability lines would help ensure patient interests remain central.

## Recommendations

Based on the evidence collected in the past 4 months, our findings and observations, Healthwatch Hackney would like to make the following recommendations.

### Recommendations to Allerton Road Practice Manager

#### 1. Build trust and familiarity with newly hired GPs.

The recent retirement of a long-standing GP has led to increased demand for appointments with another long-serving doctor, contributing to longer waiting times and patient frustration. Efforts should focus on rebuilding trust and familiarity with newly hired GPs to ensure patients feel confident receiving care from the wider team.

- Consider developing a communication plan to introduce new GPs, highlighting their experience and approach to patient care.
- Continue to monitor appointment patterns to identify bottlenecks and balance demand more effectively across clinicians.

#### 2. Improve reception staff communication and customer service skills

Patient feedback shows a mixed, inconsistent experience in person and on the phone. Improving communication and customer service at the front desk will enhance patient experience and a sense of trust and care.

- Continue investing in training reception staff on patient interactions.
- Consider implementing a “warm greeting” protocol for all interactions with patients.

#### 3. Strengthen translation services

Current practice limits access to Language Line to clinical staff, which creates barriers at the first point of contact. This contravenes NHS guidance and risks communication breakdowns that affect equity and patient safety. Providing interpretation support earlier in the patient journey would promote inclusion and compliance with NHS guidelines, which clearly state that primary care providers are responsible for offering interpreting services that meet patients' communication needs.

- Ensure that all patients whose first language is not English are proactively offered an interpreter at any necessary point of their patient journey.
- Extend the use of Language Line to reception staff.
- Ensure the electronic check-in system functions in multiple languages as intended.

#### 4. Strengthen continuity of care

Patients place high value on seeing familiar clinicians, which supports trust and effective care. Staff are already making efforts to rebuild continuity following the retirement of a long-serving GP but these need to be sustained over time.

- Address continuity-of-care issues by allowing patients to see the same clinician for ongoing or complex health concerns whenever possible.
- Consider allocating patients a named GP.

#### 5. Improve patient awareness about feedback and complaint processes

While the practice gathers feedback through Hurley forms and the PPG, most patients were unsure how to provide feedback. Additionally, strengthening visibility and closing the feedback loop would enhance transparency and patient trust.

- Ensure information about feedback and complaints procedures is visible and accessible, such as through prominent displays and clear signage in the waiting room.
- Actively educate patients about how to raise concerns, including offering leaflets, online guides and verbal guidance from staff.
- Develop a structured approach to encourage feedback, such as a “We want to hear from you” poster with patient surveys or suggestion boxes, to identify areas for ongoing improvement.

#### 6. Support stronger governance and professional boundaries within the family-like culture

The supportive and familial environment is a key strength of this practice, but it requires clearer lines of accountability to ensure patient-centred care and accountability are maintained, and compassion is balanced with professional boundaries.

- Facilitate reflective team sessions to explore how the practice’s close-knit culture influences decision-making, especially when patient interests and staff solidarity may conflict.
- Introduce and share a clear, patient-centred protocol for managing conflicts involving staff and patients.

## Visit details

<b>Service Visited</b>	Allerton Road Medical Centre
<b>Address</b>	34A Allerton Rd, London N16 5UF
<b>Surgery Manager</b>	Sherry Oriola
<b>Date and Time of Visits</b>	11 June 2025 at 9.30 am to 12.30 pm 29 September 2025 at 11.00 am to 2:30 pm
<b>Authorised Representatives</b>	Anam Ahsan Annika Von Eschen Cordelia Plymale
<b>Lead Representative</b>	Sara Morosinotto

## What is an Enter and View?

Healthwatch Hackney has a legal power under the Health and Social Care Act 2012 to visit health and social care services and observe them in action. This power of *Enter and View* services allows us to engage directly with service users and staff, providing a unique opportunity to assess both what is working well and where improvements could be made.

*Enter and View* visits are not only conducted in response to complaints or concerns but also in services that are performing well. This enables us to identify and share best practices more widely. During each visit, we observe how a service is delivered and speak directly with patients, their families and carers to understand their experiences. We also engage with management and staff to gain a comprehensive view of how the service operates.

After a visit, we produce an official *Enter and View* report, which is shared with the service provider, commissioners and regulators. The report outlines key findings and offers evidence-based recommendations for improvement. All reports are available to the public on our [website](#), ensuring transparency and accountability.

*Enter and View* is a valuable tool for driving patient-centred improvements. Through these visits, we have gathered insights which have led to meaningful changes across several services. This feedback has helped shape adjustments in service delivery, raising care quality, patient satisfaction and health outcomes. In addition, our *Enter and View* work supports broader system changes by making patient and staff's voices central to the ongoing development of high-quality, patient-focused care in Hackney.

## Purpose of the visit

Healthwatch Hackney visited Allerton Road in response to a conversation with the practice's Patient Participation Group (PPG), who contacted us to share examples of their ongoing collaboration with the practice. While it was clear that the practice was responsive to PPG's feedback, we wanted to explore this further and understand this responsiveness is experienced by patients throughout their journey, from booking an appointment to interacting with reception staff and accessing support for vulnerable groups. The visit, therefore, focused on four key areas: accessibility, the quality of interaction between patients and reception staff, support for vulnerable patients and patient feedback. This aligns with Healthwatch's mission to amplify patients' voices and supports our commitment to ensuring high-quality, patient-centred care.

## What we did, why and how

This *Enter and View* was guided by four questions:

1. What is the patient experience like regarding booking appointments?
2. What is the quality of interaction between reception staff and patients?
3. How well does the surgery meet the needs of its most vulnerable patients?
4. To what extent does the surgery respond to and engage with patients' compliments, feedback and complaints?

## Preparation

Prior to the *Enter and View* visit, we reviewed the surgery's [website](#) to gather information about staff, accessibility, the registration process, services provided, appointment booking and resources for patients. This includes support for those whose first language is not English, safeguarding policies, and complaints and feedback processes.

We also reviewed the latest CQC [report](#) to evaluate the quality of care provided and the surgery's strengths and areas of improvement. This includes key areas such as safety, effectiveness, patient care, responsiveness to patients' needs and leadership.

Lastly, we reviewed patients' feedback publicly available, including [Google Reviews](#), NHS Choices and the Friends and Family test, and all the comments shared directly with Healthwatch Hackney in the last 12 months.

Together, patient insight gathered in the preparation stage provided a robust foundation on which to ground our visit.

## Data collection

This Enter and View was conducted over two separate visits to ensure we could engage both with patients and with staff. During the first visit, we focused on speaking with patients and making observations in the waiting area. In the second visit we met with the practice manager and staff to gain their perspectives on patient experience and service delivery. Across both visits, we collected information through direct observation, interviews with patients and discussions with staff and the practice manager, using the knowledge gained in our background research to inform our questions and observations.

**Observations:** We used a checklist to evaluate the surgery environment, including accessibility, cleanliness and overall atmosphere. Specific areas observed included the reception area, waiting room and toilets. We also observed interactions between reception staff and patients, focusing on professionalism and respect for patient privacy and dignity.

**Patient interviews:** We interviewed patients to understand their experience with appointments, accessibility, quality of care, interactions with staff and service efficiency.

**Staff interviews:** We spoke with the practice manager, two clinical staff and the lead receptionist, to understand the overall approach to patient care. Discussion points included strengths, challenges, support to vulnerable patients, handling feedback and complaints and support for staff.

## Data analysis

Following the visit, all existing evidence and the additional insight gathered from our interviews and observations were subjected to qualitative analysis.

First, we read through all the feedback from patients and the notes from our discussions with staff and the surgery manager. This helped us get a good sense of what people were saying about the surgery. Then we went through each piece of feedback and highlighted important points such as waiting times, the friendliness of the staff, or how easy it was to book appointments. Each of these points was labelled to help us organise the information effectively.

After labelling the feedback, we grouped similar points together. This helped us identify bigger themes, such as "patient-staff relationships" and "accessibility." Once we had the themes, we went back to the feedback to make sure they accurately reflected what people said.

Lastly, we compared what patients shared with what staff and the surgery manager told us. This ensured that the themes captured both patient experiences and the operational reality at the surgery, providing a comprehensive view.

## Ethical considerations

To minimise disruption to the surgery's operations, we notified the surgery manager via email one week before the visit and provided a digital version of the notification leaflet, requesting it be displayed in the waiting area.

Observations and interviews were conducted in a manner respectful of the patients and staff's time and space. Before engaging in the questions, all participants were informed about the purpose of the visit, the nature of the questions and their right to withdraw at any time. Participants' identities were kept confidential and data anonymised during collection.

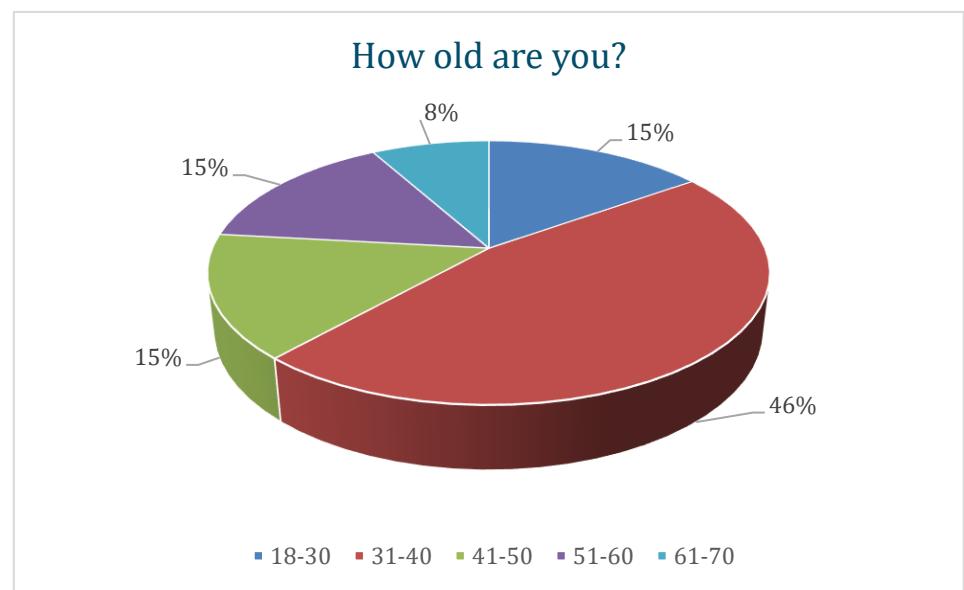
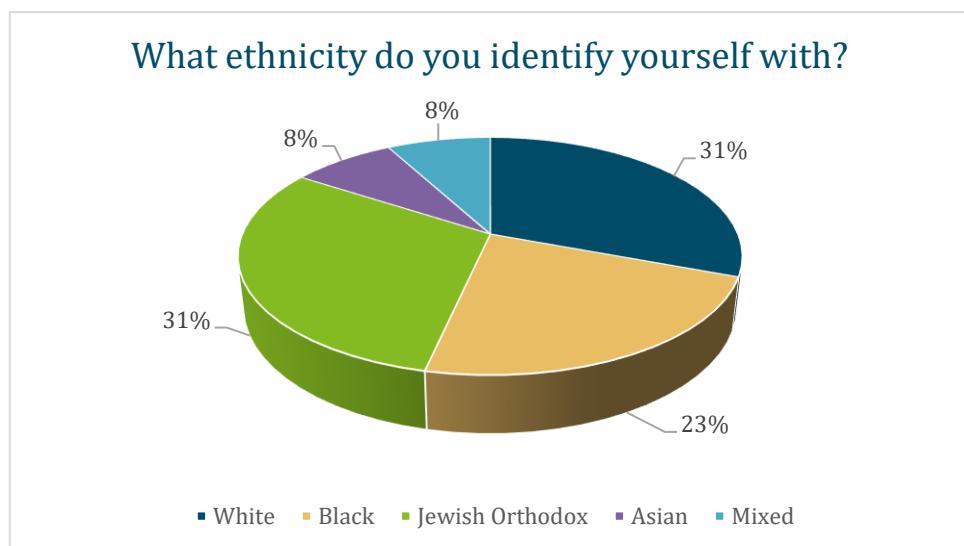
## Safeguarding

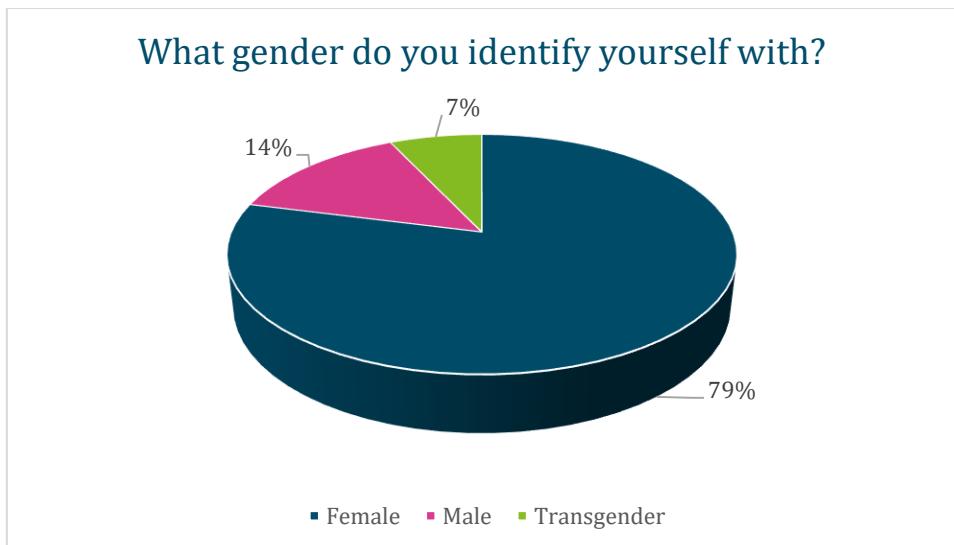
Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported

in accordance with safeguarding policies. If at any time an Authorised Representative observes anything they feel uncomfortable about, they will inform their lead who in turn will inform the surgery manager.

## Patient profile

During our visit we spoke with 14 patients. While our data is not representative of the entire patient population, we captured a diverse sample to ensure we gathered a broad range of perspectives and experiences, reflecting different patient needs and interactions with the surgery.





## About the service

Allerton Road is a general practice located in the London Borough of Hackney, serving a diverse patient population of approximately 5,700. About 65% of patients are Orthodox Jewish. Most patients are aged in their mid-30s or older, however the practice has also been seeing younger patients as they have been caring for asylum seekers in two hotels.

The practice is part of [Hurley Group](#), an NHS Partnership exclusively led by practicing GPs, that prides itself in providing patient-centred care across London. Having been recently refurbished, the practice looked clean, fresh and well-lit. On both visits patients told us they appreciated the new look and feel.

The team includes five GPs, 11 nursing and clinical staff, two pharmacists, two care coordinators, seven receptionists and administrative staff, seven health and wellbeing professionals, a notes summariser, a PCN development manager, an assistant manager and a practice manager.

The [Care Quality Commission \(CQC\)](#) rated the surgery “good” across all areas in 2023. However, more recent patient feedback through the [Family and Friends test](#) in November 2024 indicates that 72% of patients rated the surgery as “good” or “very good”<sup>1</sup>, falling below the national average of 92%<sup>2</sup>. [Google Reviews](#) rate the practice 2.7 out of 5. It is worth noting that both Google Reviews and the Friends and Family Test are accessible exclusively online,

<sup>1</sup> NHS, 2024, FFT GP Data – November 2024. Available at: <https://www.england.nhs.uk/publication/friends-and-family-test-data-november-2024/#heading-1>

<sup>2</sup> NHS, 2024. Friends and Family Test (FFT) data collection overview – November 2024. Available at: <https://www.england.nhs.uk/publication/friends-and-family-test-data-november-2024/#heading-1>

which excludes a significant proportion of patients at this practice who are not technology users. Therefore, this limits the representativeness of the results.

## Findings

### Appointment booking and waiting times

We heard from the Practice Manager that the practice “*goes out of their way to ensure appointment booking is accessible*”. Patients can book an appointment online, in-person or on the phone. Every day at 8:00am, patients can call or go to the practice in-person to book a same-day appointment. The practice prioritises the most pressing issues, especially for patients over 65-years-old because they “*want to avoid turning them to A&E*”. Staff explained that if they cannot offer a same-day appointment, they offer alternative options including e-consultations, pharmacy visits or calling 111.

However, patients describe a mixed experience regarding booking appointments. Approximately a third of patients we spoke to told us they had a positive experience. They particularly appreciated being able to book same-day or emergency appointments, describing it as “*easy*,” and “*possible*.” Two patients specifically mentioned they felt confident that, when necessary, the practice could accommodate their emergency appointment needs. One patient told us,



*They go above and beyond to meet my needs.*

36% of patients shared a negative experience with booking appointments. They complained about several weeks waiting periods, describing the process as “*really bad*.” Two patients told us they had been waiting for two weeks before they got an appointment. One patient stated that, in the past, they could not get a same day or emergency appointment when needed.

Discussions with practice staff helped clarify that these longer waiting times are **not due to an overall shortage of appointments**, but rather **reflect patient preferences for continuity of care**. Following the retirement of a long-standing GP, many patients have expressed a desire to see another long-established doctor, even when appointments with newly recruited GPs are available within shorter timeframes. Staff emphasised that the data shows good overall

appointment availability, but demand is unevenly distributed as patients take time to build confidence and familiarity with newer clinicians. The practice anticipates that this situation will improve as patients establish trust and ongoing relationships with the new GPs over the coming year.

Inconsistent, long waiting times when at the practice is another point of contention. While two patients told us they did not have to wait long before being seen by a doctor on the day of our visit, the general consensus was that waiting times vary. One patient said, “*I always wonder how long I will have to wait. Sometimes it's 10 minutes, sometimes it's 20. 20 minutes is too long, I am always in a rush.*” Another patient said,



*I had to wait for 40 minutes to see the doctor. This is too long, I work, it's not good and it happens all the time.*

### Reception staff

Patients shared mixed views about the reception staff. One patient commented that the receptionists “*are better in person than they were on the phone*”. However, three patients described positive experiences, saying that staff “*always try to help*” and added,



*[Reception staff] are usually good and treat me with respect.*

During our first visit, reception staff did not greet us or look up from their screens. They only muttered “*do you have an appointment?*” However, during the second visit, we noted an improvement in engagement and we were informed that new reception staff were undergoing training.

### Patient-staff relationship

Patients have varying perspectives on the quality of care at the practice. Four patients spoke positively about the quality of care from clinicians, describing them as “*amazing*,” “*lovely*,” “*really nice, good people*,” “*helpful*,” “*friendly*” and “*respectful*.” One patient told us,



*They are good, ask questions and always seek consent for everything.*

Three patients felt that their concerns were adequately addressed and that their questions were answered during their visit. In contrast, three patients disagreed, with one explaining that they were “*given more medicine than answers.*” Another patient said,



*They say it might be this or it might be that but they give you no answers and send you away with nothing but a lotion.*

On the day of our visit, patients also complained about short appointment lengths and feeling rushed. One patient said, “*10 minutes is not long enough to talk to anyone about anything.*”

During our first visit we noticed a clinical staff member seemed to be in a rush with two different patients despite the waiting area being completely vacant.

Difficulty with seeing the same clinician was another common complaint, raised by four patients.

The Practice Manager acknowledged her awareness of this issue. During our second visit, we learned that a long-standing GP had recently retired, leaving the practice with one GP who has been in post for 14 years, three who joined within the past year and one who joined four years ago. While many patients expressed a preference for the longest-serving GP reflecting the value they place on continuity of care, staff are clearly working hard to foster trust and continuity despite recent changes. The Practice Manager recognised that building trust takes time but noted that once established, “*relationships at this practice tend to be very personal*”. One staff member reflected on the value of emotional intelligence and empathy with patients. She told us,



*I will always give patients what they need in the moment. Sometimes they just want someone to listen. Some patients have not spoken to anybody for two weeks until they ring us and I will listen and perhaps invite them to a lunch club.*

## Accessibility

Translation services are an area of difficulty for patients whose first language is not English. We learnt from the practice manager that reception staff does not have access to Language Line, only clinicians do. However, staff told us that they encourage patients to bring their own interpreters.

On the day of our first visit, 85% of the patients who do not speak English as their first language reported not being offered an interpreter.

During our second visit, we observed a patient attempting to register, accompanied by another individual to assist with communication. Despite the reception staff's efforts to help, neither person was able to understand the instructions. Staff asked whether they could call a friend who spoke English, leading to a four-way conversation about an incorrectly completed registration form. Ultimately, the two men were advised to seek assistance completing the form and return the next day. Had Language Line been available to reception staff, the interaction could have been resolved more efficiently and with less frustration for all involved.

Additionally, the electronic check-in system appears to offer different languages. However, we checked during both visits and upon touching the different flags on the screen it became apparent that it only works in English.

This contravenes with NHS guidelines on interpreting and translation services in primary care, which clearly state that primary care providers are responsible for offering interpreting services that meet patients' communication needs<sup>3</sup>. As noted in the 2018 edition of *The British Journal of General Practice*, access to interpreters is essential for meaningful patient involvement in their care, because "*nuances of meaning and subtleties of expression make the difference between shared understanding and total communication failure. All these are the bread and butter of general practice*"<sup>4</sup>

## Feedback, compliments, and complaints

The Practice Manager told us that the team works hard to gather and act on patient feedback. Aware of the diverse needs within their patient population, the practice provides non-digital feedback options alongside the Friends and

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<sup>3</sup>NHS England (2018) NHS Guidelines on interpreting and translation services in primary care. Available at <https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf>

Family Test, using paper-based forms supplied by Hurley Clinics. The practice had previously set a target of collecting 30 “Hurley feedback” forms each month.

The Patient Participation Group (PPG) is also well established, with around 30 registered members and six to seven attending each meeting. When funding allows, the PPG plays an active role in deciding which improvements to prioritise, for example, installing automated doors, introducing an electronic check-in system and purchasing an asthma monitoring device that is due to arrive soon.

However, 66% of patients we spoke to on our visits were unsure how to provide feedback with some saying their experience with it is “*not good*” or they have “*no idea*”.



*They have never asked me [to give feedback]*

On the other hand, three patients explained they have been asked to provide feedback, but they did not take the opportunity to do so. One patient said, “*The space is there.*”

## Team Culture

Staff at the practice consistently described a strong sense of teamwork and belonging, with several referring to it as a “*family-like practice*.” The Practice Manager explained, “*we work together as a group*,” and staff spoke positively about the supportive environment.

The Practice Manager appears committed to supporting staff both professionally and personally, recognising the need to balance work commitments with individual circumstances. Staff appreciated the level of training and flexibility provided, describing it as a workplace that genuinely invests in their development. One member of staff commented,



*We get the best support from the Practice Manager. She is approachable and understanding.*

Another staff highlighted the Practice’s investment in the team’s professional growth, saying,



*She bombards me with training and development opportunities... I don't mind, I want to be the best I can be.*

This sense of familiarity extends to patient relationships as well. One staff member reflected,



*Communication, trust, and relationship are our signature strengths. It's not a name-less practice. There is a relationship and social input, for example, asking 'how are your kids.'*

Patients echoed this sentiment, with one telling us,



*It's nice to have rapport with someone, it helps create a relaxed environment.*

However, the close-knit and informal culture also brings potential challenges. During our visit, we observed moments of disagreement between staff and the Practice Manager, raising questions about how authority and accountability operate within a “family-like” structure.

Additionally, staff told us that the Practice Manager “*will always back the team*” when issues arise with patients. While this loyalty strengthens trust and collaboration internally, it raises questions about whether patient perspectives and interests are consistently prioritised, particularly in situations where doing so might challenge staff decisions or disrupt team harmony. Clear governance processes and accountability lines may help balance the supportive culture with a robust commitment to patient-centred care.

## Recommendations

Based on all the evidence collected in the last 12 months, our findings and observations, Healthwatch Hackney would like to make the following recommendations.

## Recommendations to Allerton Road Practice Manager

### 1. Build trust and familiarity with newly hired GPs.

The recent retirement of a long-standing GP has led to increased demand for appointments with another long-serving doctor, contributing to longer waiting times and patient frustration. Efforts should focus on rebuilding trust and familiarity with newly hired GPs to ensure patients feel confident receiving care from the wider team.

- Consider developing a communication plan to introduce new GPs, highlighting their experience and approach to patient care.
- Continue to monitor appointment patterns to identify bottlenecks and balance demand more effectively across clinicians.

### 2. Improve reception staff communication and customer service skills

Patient feedback shows a mixed, inconsistent experience in person and on the phone. Improving communication and customer service at the front desk will enhance patient experience and a sense of trust and care.

- Continue investing in training reception staff on patient interactions.
- Consider implementing a “warm greeting” protocol for all interactions with patients.

### 3. Strengthen translation services

Current practice limits access to Language Line to clinical staff, which creates barriers at the first point of contact. This contravenes NHS guidance and risks communication breakdowns that affect equity and patient safety. Providing interpretation support earlier in the patient journey would promote inclusion and compliance with NHS guidelines, which clearly state that primary care providers are responsible for offering interpreting services that meet patients' communication needs.

- Ensure that all patients whose first language is not English are proactively offered an interpreter at any necessary point of their patient journey.
- Extend the use of Language Line to reception staff.
- Ensure the electronic check-in system functions in multiple languages as intended.

### 4. Strengthen continuity of care

Patients place high value on seeing familiar clinicians, which supports trust and effective care. Staff are already making efforts to rebuild continuity following the retirement of a long-serving GP, but structured systems could help sustain it over time.

- Address continuity-of-care issues by allowing patients to see the same clinician for ongoing or complex health concerns whenever possible.
- Consider allocating a named GP.

## 5. Improve patient awareness about feedback and complaint processes

While the practice gathers feedback through Hurley forms and the PPG, most patients were unsure how to provide feedback. Strengthening visibility and closing the feedback loop would enhance transparency and patient trust.

- Ensure information about feedback and complaints procedures is visible and accessible, such as through prominent displays and clear signage in the waiting rooms.
- Actively educate patients about how to raise concerns, including offering leaflets, online guides, and verbal guidance from staff.
- Develop a structured approach to encourage feedback, such as a “We want to hear from you” poster with patient surveys or suggestion boxes, to identify areas for ongoing improvement.

## 6. Support stronger governance and professional boundaries within the family-like culture

The supportive and familial environment is a key strength, but it requires structured governance to ensure patient-centred care and accountability are maintained, and compassion is balanced with professional boundaries.

- Facilitate reflective team sessions to explore how the practice’s close-knit culture influences decision-making, especially when patient interests and staff solidarity may conflict.
- Introduce and share a clear, patient-centred protocol for managing conflicts involving staff and patients.

These recommendations aim to improve the accessibility of services at Allerton Road particularly for vulnerable populations, such as those who do not speak English as a first language, strengthen the relationship between patients and staff, and amplify patient understanding about how to provide feedback and complaints. Ultimately, these recommendations aim to create a better patient experience at Allerton Road.

# Service provider's response to Healthwatch Hackney's recommendations

Allerton Road Medical Centre welcomes Healthwatch Hackney's feedback and remains committed to delivering high-quality, patient-centred care. We acknowledge the concerns raised and have already taken decisive steps to address them. Key actions include:

- Recruiting new GPs and implementing a communication plan to build patient trust and reduce waiting times.
- Reinforcing reception standards through training and monitoring.
- Re-educating staff on Language Line and improving translation protocols.
- Enhancing visibility of feedback and complaints processes.
- Strengthening governance to maintain professional boundaries within our supportive team culture.

We believe these measures will significantly improve patient experience and accessibility while maintaining continuity of care.

## Appointment Booking and Waiting Times

We recognise the feedback regarding waiting times. As discussed, these delays are unlikely to be due to a lack of appointments but rather reflect patient preference for specific named GP care, particularly following the retirement of a long-standing GP. We have already taken proactive steps, including recruiting two new salaried GPs and initiating plans to hire an additional clinician. We are confident that, as trust builds in these new patient-doctor relationships over the next 12–24 months, patient experience will improve significantly.

## Reception Staff

We place great importance on ensuring patients feel welcomed and supported from their very first interaction. While the feedback from your initial visit highlighted areas for improvement, we appreciate this insight and have acted promptly. A team meeting was held to revisit expectations around professionalism and patient engagement, and we will continue to provide training and support to maintain consistency across all interactions.

## **Accessibility and Translation Services**

We were surprised to learn that Language Line was not utilised by reception staff during your visit. It is routinely used by clinical staff, and we will ensure reception teams are fully confident in its use. A re-education programme is being implemented, alongside practical solutions to make interpretation support available promptly, even during busy periods.

## **Team Culture and Governance**

We are proud of our collaborative and supportive environment, which patients and staff value highly. At the same time, patient care remains our absolute priority. We will strengthen governance and accountability measures to ensure professional boundaries are maintained and patient interests are always central to decision-making.

## **Commitment to Improvement**

We appreciate your recommendations and confirm that the following actions are underway:

- Building trust with new GPs: A communication plan will introduce new clinicians and highlight their expertise.
- Reception training: Ongoing investment in customer service and patient interaction skills.
- Translation services: Clear protocols for Language Line use and improvements to multilingual check-in functionality.
- Feedback visibility: Enhanced signage, patient education and structured feedback mechanisms.
- Governance: Reflective team sessions and clear protocols to balance team cohesion with patient-centred care.

Thank you for your engagement and support in driving improvements.

## **Closing remarks**

Healthwatch Hackney will continue to monitor patient feedback and work collaboratively with the practice manager to maintain and strengthen a high-quality, patient-focused experience that meets the needs of the community it serves.

## Acknowledgments

Healthwatch Hackney would like to thank the team at Allerton Road for accommodating our visit and encouraging patients to talk to us. We would also like to thank our intern Annika Von Eschen for her significant contributions to this report.



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