

COMMUNITAS CLINICS
EAR, NOSE AND THROAT

ENTER AND VIEW:

ENT COMMUNITY SERVICES

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Executive Summary

In March 2025 Healthwatch Hackney visited the Ear, Nose and Throat (ENT) community service delivered by Communitas Clinic at the Lawson Practice and the Nightingale Practice.

These visits support our commitment to ensuring high-quality, patient-centred care and align 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 service provider's website, the latest CQC inspection, feedback publicly available and shared directly with us.

Based on this evidence, five questions guided our visit:

1. What is the patient experience like regarding booking appointments?
2. What is the quality of interaction between staff and patients?
3. How well does the service provider meet the needs of its most vulnerable patients?
4. To what extent does the service provider respond to and engage with patients' compliments, feedback and complaints?
5. What are the key operational challenges affecting service delivery and how are they being managed?

To answer these questions, first we had an introductory meeting with Communitas Clinics' senior management. This enabled us to understand how the service is delivered, including any challenges. Then we observed the environment in the host GP sites where clinics take place, paying attention to accessibility and the interactions between patients, receptionists and clinical staff. Finally, we interviewed patients, staff and a manager. Throughout the process we maintained an ethical approach, including minimising disruption to the clinic'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 and identify any discrepancies.

During our visit, we spoke with 20 patients, 9 at The Nightingale Practice and 11 at The Lawson Practice. 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 service provider.

Key Findings

Appointment booking - Appointment booking is primarily done by phone, allowing staff to identify accessibility needs and arrange additional support where necessary. While staff at the host sites highlighted the need for better electronic integration with NHS systems to reduce reliance on paper lists and improve efficiency, patients described the booking process as easy, quick and straightforward.

Patient interaction with reception staff - Reception staff is employed by the host GP practices rather than Communitas Clinics. Patients spoke positively about their experience with receptionists, describing them as friendly and helpful. However, short-notice clinic cancellations can place strain on reception staff, who are left to manage patient expectations despite not being part of the ENT team.

Patient interaction with clinical staff - Patients consistently described their interactions with clinical staff as caring, professional and respectful. The team's attention to patient needs helps reduce anxiety, especially during unfamiliar procedures. Patients also praised clinicians for taking the time needed and adjusting appointment lengths to suit individual needs. This patient-centred approach contributes to the clinic's strong reputation for quality care.

Support for vulnerable patients - The clinic takes active steps to support vulnerable patients, including arranging interpreters, providing transport for those with mobility issues and offering non-digital communication options. While some barriers remain for digitally excluded patients on accessing information, staff are clearly committed to improving accessibility and ensuring all patients feel respected and supported.

Operational challenges - The clinics face some operational challenges, including limited setup time, lack of a shared electronic booking system with the host GP

practices, difficulties for healthcare assistants with accessing water and issues caused by late patient arrivals, all of which can disrupt clinic flow and place pressure on staff.

Patient feedback and quality improvement - Communitas Clinics actively collects and reviews patient feedback through post-appointment surveys, using it to drive service improvements across the entire care pathway. Feedback is reviewed monthly and shared openly across all staff levels. Recent changes, such as offering surveys in multiple languages and inviting patients to leave contact details for feedback follow-up, reflect a commitment to inclusive, responsive care. Patient input has already led to practical changes like improved signage and clearer appointment letters, supporting the clinic's ongoing focus on quality and patient-centred improvement.

Recommendations

Based on the evidence collected, our findings and observations, Healthwatch Hackney would like to make the following recommendations:

Recommendations to Communitas Clinic

1. **Implement a shared booking system with the host GP practices** – Work towards integrating Communitas' systems with the Lawson and Nightingale practice ones, to enable sharing electronic patient lists, reduce reliance on paper forms and streamline appointment booking and communication.
2. **Increase set-up and wrap-up time** - Allocate approximately an hour before and after clinic sessions for healthcare assistants to safely and efficiently set up and dismantle equipment, reducing physical strain and risk of error.
3. **Support reception staff by developing clear protocols for cancellations** - Support host practice receptionists with standardised templates and scripts to manage last-minute cancellations and challenging conversations with patients.
4. **Improve access to offline resources for non-digital patients** - During clinics, ensure staff check patients' preferences on digital access and provide printed information instead of signposting to online resources for those who are digitally excluded.

Recommendations to The Lawson Practice and The Nightingale Practice

1. **Work with Communitas to enable system integration and data sharing** – Explore solutions that support joint working, connected systems and reduce manual processes.
2. **Ensure reception staff are briefed on clinic-specific procedures** and participate in joint training or induction on Communitas' service structure and communication protocols, especially for managing disruptions or short-notice changes.
3. **Install a water station** - This will ensure staff can access drinking water during clinics without needing external support.

These recommendations aim to strengthen collaboration between Communitas Clinics and the host GP practices, improve operational efficiency, reduce staff strain and ensure all patients continue to receive clear, accessible and respectful care.

Communitas Clinics responded to our report and recommendations. Their response is included on page 19.

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

Visit details

Host GP Practice	Manager	Visit date and time	Authorised Representatives
The Nightingale Practice	Jill White	15 March at 9.30 – 11.30 am	Sara Morosinotto (lead) Hristiyana Doncheva Miglena Metodieva
Lawson Practice	Anwara Begum	26 March at 9.30 am – 12 pm	Sara Morosinotto (lead) Bryan Pinto

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 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 conducted not only 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 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 we share 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 the Community ENT clinics as part of our commitment to ensuring high-quality, patient-centred care. The visit aligns with Healthwatch's mission to amplify patients' voices and ensure their experiences inform improvements to local health and social care services.

The visit aimed to evaluate the patient journey, from booking an appointment through to care delivery and follow-up. We explored how patients experience the service, the quality of communication and care provided by staff and how vulnerable individuals are supported. In addition, we reviewed the operational relationship between the service provider and the host GP practices, any challenges that may affect service delivery and how these are addressed to maintain a positive patient experience.

What we did, why and how

Five questions guided this Enter and View:

1. What is the patient experience like regarding booking appointments?
2. What is the quality of interaction between staff and patients?
3. How well does the service provider meet the needs of its most vulnerable patients?
4. To what extent does the service provider respond to and engage with patients' compliments, feedback and complaints?
5. What are the key operational challenges affecting service delivery and how are they being managed?

Preparation

Prior to the Enter and View visit, we reviewed the service provider's [website](#) to gather information about staff, accessibility, the registration process, services provided, appointment booking and resources for patients.

We also reviewed the latest CQC [report](#) to familiarise ourselves with the quality of care provided and the service provider'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 and NHS Choices and all the comments patients shared directly with Healthwatch Hackney in the last year.

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

During our visit, we collected information through direct observations, interviews with patients and discussions with staff and the surgery manager, using the knowledge gained in our background research to inform our questions and observations.

Observations: We used a checklist to evaluate the environment of the host GP practices, including accessibility, cleanliness and overall atmosphere. Specific areas observed included the reception area, waiting room and toilets.

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 healthcare assistants, receptionists and a manager at the host GP practices to understand how the service is delivered, any challenges and what works well.

Data analysis

Following the visits, 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. This helped us get a good sense of what people were saying about the service. 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 interactions" and "service

delivery challenges". 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 we heard from staff. This ensured that the themes captured both patient experiences and the operational reality, providing a comprehensive view.

Ethical considerations

To minimise disruption to the clinics, we notified both the service provider and the host GP practices via email five days before the visit and provided a digital version of the notification leaflet, requesting it be displayed in the waiting area.

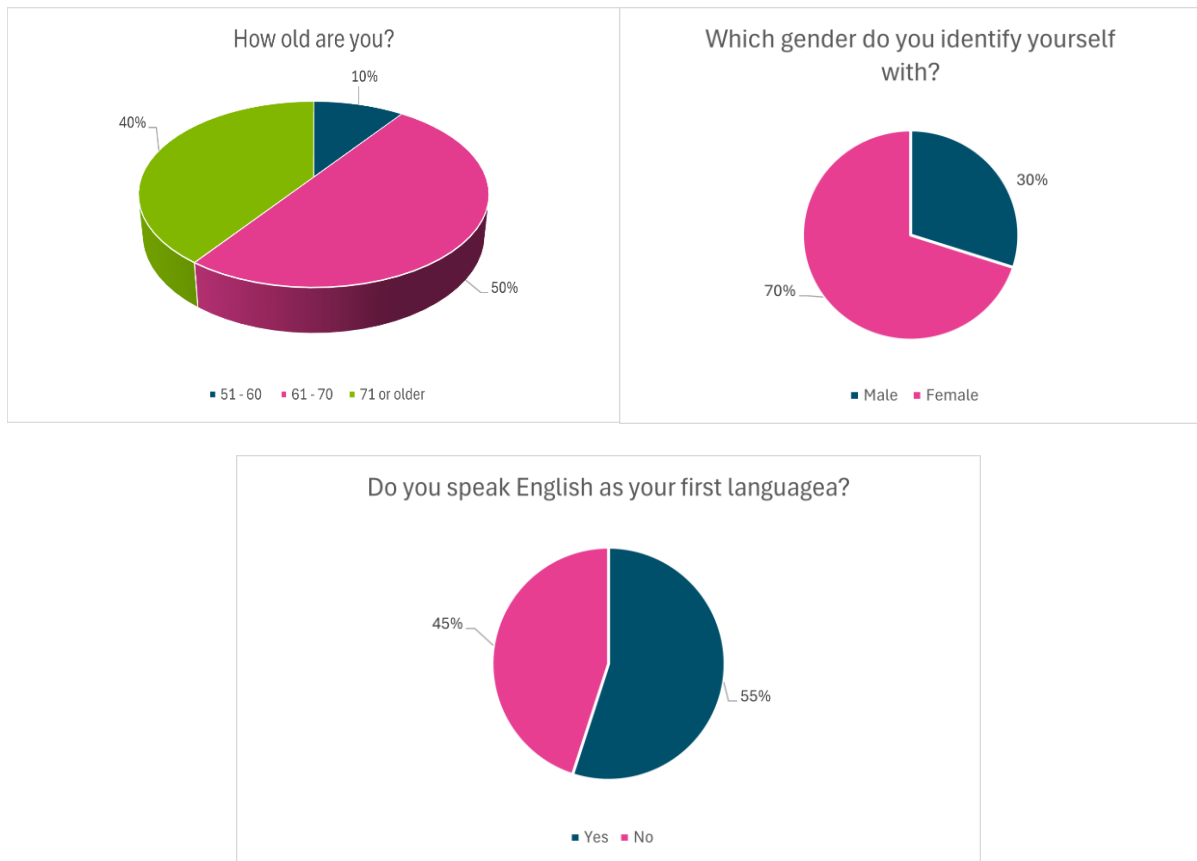
Observations and interviews were conducted in a manner respectful of the patients' and staff's time and space. Before engaging in the questions, all participants were informed about the purpose of the visit, the nature of the questions and their right to withdraw at any time. Participants' identities 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 20 patients, 9 at The Nightingale Practice and 11 at The Lawson Practice. 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 service provider.



About the service

The Community Ear, Nose and Throat (ENT) Service in Hackney is delivered by Communitas Clinics under contract with North-East London ICB. This service is designed to bring specialist ENT care closer to patients' homes, offering timely assessment, diagnosis and treatment for a wide range of conditions across rhinology (nose), otology (ear) and laryngology (throat) in a community setting.

The service is delivered from within local GP practices: Communitas rents clinical rooms at The Nightingale and The Lawson practices and, more recently, at Spitalfields. The team works closely with the host practices, giving advance notice of room bookings and maintains open lines of communication to quickly address any issues and ensure smooth operations. Communitas also undertakes audit visits twice a year to check premises are fully accessible and that all necessary health and safety and fire safety documentation is in place across all sites where clinics are held. This model enables Communitas to deliver high-quality ENT services within familiar and accessible community locations while ensuring robust operational governance.

Patients are referred by their GP using an online form and can select their preferred location. Each referral is reviewed by an ENT specialist to ensure patients are seen by the right clinician and appointments are offered within four to six weeks of referral. Clinics currently run two days a week and on Saturdays, with additional sessions arranged to meet individual patient needs where possible.

The service operates a “see, treat, discharge” model, meaning that once a patient is referred by their GP, they are assessed, treated and either discharged or followed up directly by the service, rather than being sent back to the GP for further referral. In cases requiring additional investigations or secondary care, the clinic itself arranges these referrals within one working day, streamlining the patient journey and reducing delays.

Clinics are staffed by experienced ENT consultants and supported by qualified healthcare assistants (HCA). The senior management team takes pride in running a service that is underpinned by a strong focus on patient experience, with clear communication, respect and efficiency being central values.

Findings

Appointment booking

The service primarily relies on telephone bookings, which allow staff to gather information about patients’ accessibility needs for the visit. This enables the team to identify and arrange any necessary additional support, such as face-to-face interpreters or transport for patients with mobility impairments.

Alternatively, patients can book via email and the service has recently introduced online bookings, too. This allows the service to support digital patients while continuing to assist those who are digitally excluded.

From the host practices’ perspective, one of the managers suggested there is a need for better electronic integration between the clinic’s booking system and the NHS one (EMIS), *“to streamline patient lists and reduce reliance on paper-based processes”*. They believe this would enhance efficiency and reduce errors or communication delays.

Additionally, we heard from a healthcare assistant that,



Some digitally excluded patients have difficulties as they may receive information about their appointment via text messages or letters but struggle with accessing online resources for further information, which some find upsetting (Healthcare Assistant)

However, all patients we spoke to at both Lawson and Nightingale practices on our two visits consistently described their booking experience as “*easy*,” “*quick*” and “*straightforward*,” suggesting that the system generally meets patient needs effectively.

Patient interaction with reception staff

Reception staff are employed by the host GP practices and are not part of the Communitas ENT team. However, they play an important role in supporting the clinics, particularly by assisting patients with the electronic check-in process when needed. While they are separate from the clinical staff employed by Communitas, both teams collaborate closely to ensure the smooth running of clinics.

At both sites, reception and ENT staff described their mutual relationship as “*positive*” and “*cooperative*.” Receptionists and healthcare assistants communicate regularly to coordinate patient arrivals, manage clinic flow and address any equipment or stock needs. Staff at both practices referred to the working relationship as “*good and helpful*”. During our visit we witnessed how this day-to-day collaboration helps the service operate efficiently.

This is in line with what we heard from the patients in our visits, too. Many described receptionists as “*friendly*,” “*professional*” and “*helpful*” and appreciated the “*clear guidance and assistance*” they received during check-in. Receptionists were seen as a “*reassuring first point of contact*”, especially important for those unsure about what to expect. While two patients at The Lawson practice mentioned some “*confusion about where to go*” on arrival, most felt welcomed and supported from the outset.

During our visit at The Lawson Practice site, we observed several instances where the healthcare assistant managed appointment delays by keeping patients informed about waiting times. This helped set expectations and reduce frustration. However, we also heard from staff at the host practices that sometimes it can be challenging when clinics are cancelled at short notice, as it falls on their reception team to manage patient expectations and communicate the changes, which can lead to difficult conversations.



Cancellations are occasionally unavoidable in a community-based service, these situations can place strain on our reception staff, who are not part of the ENT team but are left to handle the impact of cancellations on patients (GP Host Practice Manager)

Patient interaction with clinical staff

Healthcare Assistants (HCAs) usually arrive early to prepare equipment and the clinic space, setting the tone for a smooth patient journey. They assist with clinical procedures and help manage stock and equipment throughout the day. Their presence is key to supporting clinicians and maintaining efficient patient flow.

Patients generally report positive interactions with both HCAs and clinicians. They described the clinical team as “*caring*”, “*professional*” and “*open*”. HCAs and clinicians “*take care to explain procedures*” and keep patients informed, which “*helps to ease anxiety, particularly for more invasive or unfamiliar treatments like endoscopy*”. Reassurance is a recurring theme in patient feedback, with 94% of patients noting that HCAs and clinicians “*provide clear information about what to expect during appointments*”, helping patients feel “*supported*”.

Patients consistently report feeling treated with dignity and respect by the clinical team. None of the interviewed patients felt rushed during their appointments, highlighting that clinicians are mindful of giving patients adequate time despite the pressures of tight scheduling.



The doctor really took their time with me. I didn't feel rushed at all. They listened, explained everything clearly and made me feel like my concerns were important (ENT patient at the Lawson practice).

When appointments do run over, the healthcare assistant told us that clinicians *“often flag this in patient records to allow double appointments in the future. This helps maintain quality of care and reduces patient frustration”*.

Overall, the collaborative work of HCAs and clinicians, combined with their patient-centred communication and care, contributes significantly to the clinic’s positive reputation and patient satisfaction.

Support for vulnerable patients

Supporting vulnerable patients is a key priority at Communitas Clinics and both staff and management take deliberate steps to ensure these patients feel heard, respected and accommodated throughout their care journey.

To address language barriers, the clinic routinely arranges interpreters, usually face-to-face, though telephone and video interpreting services are also used when necessary. This approach ensures that patients who do not speak English as their first language can fully understand their care and communicate their concerns.



I was really nervous because I don’t speak much English but they arranged an interpreter for me. It made such a big difference. I felt listened to and understood everything the doctor said.

(Patient feedback shared with Healthwatch Hackney, October 2024)

Mobility support is another important focus. For patients with physical disabilities or mobility issues, hospital transport is booked via community providers. Staff are proactive in following up any transport issues. The clinic environment is also audited regularly to ensure wheelchair access, hearing loops and lifts are available and functional, enhancing physical accessibility.



In the past staff have helped me with transport. They made a call and it was all sorted (ENT Patient at The Nightingale Practice)

Digitally excluded patients face unique challenges, especially when appointment communications rely heavily on text messages or online booking systems. Management recognises that reliance on digital communication can

exclude some patients and staff try to provide alternative contact methods, such as letters sent after appointments and phone calls for bookings and follow-up. Management is actively exploring ways to integrate accessibility questions into online booking platforms to better identify and support these patients from the outset.



I don't use a smartphone. It was good to receive a phone call about my appointment and a letter after. It helped me stay on top of things. (ENT Patient at The Lawson Practice)

Despite these efforts, staff acknowledged that some challenges remain, such as patients becoming upset during an appointment when asked to use online resources they cannot access.

Overall, the clinic's approach to supporting vulnerable patients combines practical accommodations, clear communication and ongoing efforts to identify and remove barriers. While some challenges remain, the commitment to equitable care and continuous improvement is evident across all aspects of the service.

Operational challenges

The clinics are managing some operational challenges that can influence the flow of care and the overall patient experience. These present opportunities for improvement.

One of the primary issues is the limited time allocated for setting up and clearing the clinic space. Since clinics do not have exclusive use of the rooms at the host practices, healthcare assistants must move and set up multiple pieces of equipment before and after each session. The healthcare assistants told us that the current 30-minute window is often insufficient, due to repeated trips to retrieve stock and equipment, which adds pressure on staff and limits preparation time.



Ideally, an hour would be needed both before and after clinics to manage these logistics effectively (Healthcare assistant)

Another operational challenge is the lack of a shared electronic booking system between Communitas Clinics and the host GP practices. Currently, patient lists are printed and managed separately, which can lead to inefficiencies and occasional confusion. One practice manager noted that *“integrating digital systems would help streamline appointment scheduling and reduce errors”*. It would also allow better sharing of patient feedback on areas like reception and waiting room experience, enabling more targeted service improvements.

Patients arriving late can disrupt the clinic schedule, sometimes resulting in missed appointments and increased frustration for both staff and those waiting to be seen. Managing punctuality remains a challenge, as delays affect the smooth running of the service and place additional pressure on the clinical team. HCAs told us that *“these delays are a significant source of tension during appointments”* but they are beyond their control.

During our visits to both clinics, which took place on an unseasonably warm day, we observed that the healthcare assistants were clearly thirsty. Patient flow was steady, with little downtime between appointments, which meant that staff could not step away, even briefly, to access water. One healthcare assistant told us that if we hadn’t been there to fetch them a drink, they would have had to wait until their break. This raises concerns about staff health and safety, especially in hot weather. It’s important that staff can easily access water during the day to stay hydrated and well.

Despite these challenges, staff showed a strong commitment to overcoming operational barriers to provide a high-quality service.



It’s my job and I care about these people. I will always do my best and always try to go above and beyond to make sure they are ok (Healthcare assistant)

Patient feedback and quality improvement

Following each appointment, patients receive a satisfaction survey, which invites them to share their experiences not only of the clinic itself but of the entire care pathway. This feedback is collected daily and the management and clinical teams review it monthly.



We make sure everyone sees the feedback, whether it's good or something we need to work on. From the frontline team to senior management, it's shared openly so we can all learn and improve together (Senior manager at Communitas Clinics)

Senior management also told us that they actively monitor compliments and complaints to identify trends and areas for improvement. They shared several examples of patient feedback influencing changes.



We really pay attention to what patients tell us. When people said the signs weren't clear and that they needed parking info in the appointment letters, we took that on board and made those changes. It's all about making things easier for them.

(Senior manager at Communitas Clinics)

Recent adaptations to the feedback process reflect a commitment to making patient voices more actionable. Previously, surveys were anonymous, limiting the clinic's ability to follow up on specific concerns. Since August 2024, patients are invited to provide their contact details if they wish to be contacted, enabling staff to address individual issues more effectively. Furthermore, recognising the diverse community served, the clinic is working on providing feedback surveys in multiple languages, based on data about the most spoken languages in the local area. This inclusive approach aims to remove barriers to feedback participation.

Patients generally express high satisfaction with the clinic, praising clear communication, professionalism and respectful treatment by both clinical and administrative teams. Compliments frequently reach the clinic via emails from the website or directly to the communications and quality teams, which are then shared internally to boost morale and acknowledge good practice.

Where complaints arise, senior management told us that the clinic ensures swift and transparent responses. Patients receive acknowledgment within two working days and a formal reply within 20 working days. Depending on the nature of the issue, staff may also engage in direct phone conversations *“to resolve matters promptly and personally”*.

By integrating patient feedback into service development, Communitas Clinics demonstrates a strong commitment to quality improvement and patient-centred care. This ongoing dialogue with patients supports the clinics' goal to continuously refine its operations, improve patient experience and maintain high standards of care.

Recommendations

Based on the evidence collected, our findings and observations, Healthwatch Hackney would like to make the following recommendations:

Recommendations to Communitas Clinic

1. **Implement a shared booking system with the host GP practices** - Work towards integrating Communitas' systems with the Lawson and Nightingale practice IT infrastructure to enable sharing electronic patient lists, reduce reliance on paper forms and streamline appointment booking and communication.
2. **Increase set-up and wrap-up time** - Allocate approximately an hour before and after clinic sessions for healthcare assistants to safely and efficiently set up and dismantle equipment, reducing physical strain and risk of error.
3. **Support reception staff by developing clear protocols for cancellations** - Support host practice receptionists with standardised templates and scripts to manage last-minute cancellations and challenging conversations with patients.
4. **Improve access to offline resources for non-digital patients** - During clinics, ensure staff check patients' preferences on digital access and provide printed information instead of signposting to online resources for those who are digitally excluded.

Recommendations to The Lawson Practice and The Nightingale Practice

1. **Work with Communitas to enable system integration and data sharing** – Explore solutions that support joint working, connected systems and reduce manual processes.

2. **Ensure reception staff are briefed on clinic-specific procedures** and participate in joint training or induction on Communitas' service structure and communication protocols, especially for managing disruptions or short-notice changes.
3. **Install a water station** - This will ensure staff can access drinking water during clinics without needing external support.

These recommendations aim to strengthen collaboration between Communitas Clinics and the host GP practices, improve operational efficiency, reduce staff strain and ensure all patients continue to receive clear, accessible and respectful care.

Service Provider's response

Healthwatch Hackney met with Communitas Clinics on 15 July to discuss findings and recommendations following our visit. The service provider then responded as follows:

From our meeting on 15th July which was very useful, below is our agreed action plan following the recommendations in the report.

Implement a shared booking system with the host GP practices - we agreed to go back and liaise with the practice again for them to have shared access to System1 to make the process of checking in our patients easier. We mentioned that this is our usual approach however there had been reluctance previously from certain locations to adopt this practice. It should be noted that we are going back to other locations where there has been reluctance previously, again with the view of making the process easier for our patients.

Increase set-up and wrap-up time - this will be reviewed internally between the service manager, HCA leads and service leads to assess the time required for efficient set-up. It should also be noted that this was due to shared access to the clinic rooms both at Nightingale and Lawson practice and our equipment was stored in a different room to the clinic room. We do not run clinics from Lawson anymore and have moved to Lower Clapton Medical Practice where the room is exclusively for our use and all equipment is stored in the clinic room itself, thus allowing for quicker and more efficient clinic set-up.

Support reception staff by developing clear protocols for cancellations - this will be worked on internally with the team and shared with the surgery, where appropriate.

Improve access to offline resources for non-digital patients - this will be discussed at clinical governance and ensure paper copies of leaflets are available for non-digital patients and to increase awareness among clinicians to ask patients for their choice of digital/paper copies.

We are very grateful for the report and the recommendations which we will be taking forward across all our services as part of our continual improvement process.

It should also be noted that we will soon stop to run clinics from Nightingale as well; instead, our clinics will be run from Lower Clapton Medical Practice where we have full access to the clinic room throughout the week.

Closing remarks

Healthwatch Hackney will continue to monitor patient feedback and work collaboratively with the service provider and host sites 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 The Nightingale and The Lawson practices for accommodating our visits and encouraging patients to talk to us. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit and writing this report.