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# 2 Introduction

## 2.1 Details of visit

Name of Service	Colville Health Centre
Date and time	2 <sup>nd</sup> April 2026
Authorised representative	Minna Korjonen, Chair of Healthwatch RBKC Advisory Board.  Gina Aston, Service Lead, Healthwatch, RBKC, Westminster & Brent.

## 2.2 Acknowledgements

Healthwatch RBKC would like to thank the service provider, staff, service users and their families for contributing to this Enter and View visit, notably for their helpfulness, hospitality, and courtesy.

## 2.3 How we gathered the data

This report is based on our observations and the experiences of the staff we spoke to on the day of the visit.

# 3 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows

local Healthwatch authorised representatives to observe service delivery and talk to service users, their families, and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service, but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first-hand.

Healthwatch Enter and Views are not intended to identify safeguarding issues specifically. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about, they need to inform their lead, who will inform the service manager, ending the visit.

In addition, if any staff member wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission, where they are protected by legislation if they raise a concern.

### **3.1 Purpose of visit**

Healthwatch RBKC arranged to visit local GP practices beginning our current programme around the theme of effective patient involvement through the Patient Participation Groups with a visit to Colville Health Centre in North Kensington.

We wanted to explore how well patients were made aware of their Patient Participation group, how accessible and inclusive their group is and how patients are supported to make themselves heard. We wanted to see how the practice incorporates feedback from patients in a meaningful way and keeps patients abreast of the changes they initiate in response to the recommendations of the group.

### **3.2 Strategic drivers**

Healthwatch RBKC and Westminster's Joint Advisory Board are concerned by feedback from local residents that there is considerable variation in how GP practices facilitate effective patient voice through the Patient Participation Groups that they are contracted to provide.

Clearly, this concern is heightened by the abolition of local Healthwatch recommended in the Dash Review in the Summer of 2025. The existence of Patient Participation Groups and their meaningful involvement as 'critical friend' is a vital means for individuals to feedback their concerns to enhance the development of patient experience in primary care services

# 4 Overall summary

We visited Colville Health Centre on 2<sup>nd</sup> April 2026. Prior to our meeting, we spoke to reception staff to arrange the detail of our visit, but they demonstrated no awareness of the necessity of having a Patient Participation Group at the Practice.

The Practice Manager, Gohar Ayub, was very helpful in organising our visit despite it having been a busy time in the Practice schedule.

However, during our visit it became clear that Colville Health Centre does not have a Patient Participation Group. We were joined in our discussion by Dr. Dhanjal who informed us that the previous groups activities ceased during Covid and the practice had then been involved only in patient engagement activities organised more generally by their Primary Care Network.

Practice staff were honest, open and engaged during our meeting. Since there were no Patient Participation mechanisms for us to observe and discuss with patients, we discussed how best Colville Health Centre can re-establish an active and engaged Patient Participation Group and meaningfully involved patients in future service design.

# 5 Methodology

We arrived at Colville Health Centre at 10am on 2<sup>nd</sup> April, as agreed.

Staff were pleasant and welcoming and the surgery was spacious and clean.

We noticed that some of the information on their noticeboard was long out of date. There was one poster encouraging people to join the Patient Participation Group, but it was in quite an obscure corner unlikely to attract attention.

We had intended to structure our visit around;

- Awareness and Accessibility
- Inclusivity and Representation
- Engagement and Communication
- Influence and Impact
- Support from the Practice
- Monitoring and Evaluation
- Digital Inclusion

    Patient Experience and Perception

However, with no active Patient Participation Group at this time, we could not proceed with any meaningful evaluation but focussed our efforts on engaging with senior staff to discuss what effective patient participation looks like and how they could develop it with support from Healthwatch RBKC and colleagues from other local GP practices who have active Patient Participation Groups.

# 6 Recommendations

- Create a plan with timescales to establish a patient Participation Group, detailing how members will be recruited, inducted, trained and supported to understand and carry out their respective roles.
- Assign a staff member as PPG lead
- Promote the PPG widely using both digital and analogue methods.
- Ensure Inclusivity by seeking to engage underrepresented groups and reduce barriers to representation.
- Provide flexible engagement options, both online and face to face.
- Introduce a visible 'You said, we did' approach.
- Engage with Healthwatch RBKC for support and collaborate with colleagues in other practice to learn from what they do well in facilitating their PPG.

# 7 Service provider response

We received the following response from colleagues at Colville Practice and are pleased that they are active in recreating their PPG and are happy to support them in their ongoing developmental work.

Many thanks for your visit on 02/04/26. We have agreed a robust plan to resurrect the practice PPG which has not met regularly since the Covid pandemic. Whilst we have had extensive patient feedback using PCN level patient groups and surveys in the interim, we discussed the unique value of the practice specific PPG and so have committed to prioritise formation of a new practice PPG. We have nominated a staff member as practice PPG lead. He will take responsibility for recruiting and supporting the patient group and will ensure that the group is inclusive and representative of a wide range of patient groups including those are often underrepresented.

We would hope that the group will be up and running by end of July 2026 and they will have had their first meeting by then,

