



Audley Health Centre,
Stepping Stones Practice
Longton Close, Blackburn, BB1 1XA

Enter and View Report

Tuesday 7th November 2023, 9:00am

healthwatch

Blackburn with Darwen

DISCLAIMER

This report relates to the service viewed at the time of the visit and is only representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.

Contact Details:

Stepping Stones Practice, Longton Close,
Blackburn, BB1 1XA

Tel: 01254 961562

Staff met during our visit:

Rosemary Emmonds (Practice Manager)

Jane Eaton (Reception Manager)

Date and time of our visit:

Tuesday 17th November 2023, 9:00am.

Healthwatch Blackburn with Darwen
Representatives

Michele Chapman (Lead)

Liam Kershaw-Calvert (Co-Lead)

Katie Merry (Healthwatch BwD Staff)

Bia Hashmi (Volunteer)



Introduction

This was an announced Enter and View visit undertaken by authorised representatives from Healthwatch Blackburn with Darwen who have the authority to enter health and social care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the view of those people using the services. The representatives observe and speak to respondents in communal areas only.

This visit was arranged as part of Healthwatch Blackburn with Darwen's Enter and View programme to review Accessibility, Approachability and Responsiveness. The team of trained Enter and View authorised representatives record their observations along with feedback from patients, staff and where possible, carers or family.

A report is sent to the manager of the facility for validation of the facts. Any response from the manager is included with the final version of the report which is published on the Healthwatch Blackburn with Darwen website at www.healthwatchblackburnwithdarwen.co.uk

Acknowledgements

Healthwatch Blackburn with Darwen would like to thank Rosemary Emmonds, together with patients, staff, and other respondents, for making us feel welcome and taking part in the visit.

General Information

The practice is listed as having 2 GPs, supported by 3 Locum GPs.

The Health GP website states that the patient base is 5,830. (subject to change)

The practice is currently accepting new patients.

The current CQC rating is Good (2016)

Methodology

The Enter and View representatives made an announced visit on

We spoke to 7 patients and 3 staff, where possible within the constraints of the GP surgery routine, people's willingness, and ability to engage and access to people in public areas.

Discussion was structured around 3 themes:

- Accessibility
- Approachability
- Responsiveness.

The team also recorded their own observations of the environment and facilities.

Our role at Healthwatch Blackburn with Darwen is to gather the views of service users, especially those that are hard to reach and seldom heard, to give them the opportunity to express how they feel about a service regardless of their perceived ability to be able to do so.

We use templates to assess the environment of a facility and gather information from respondents, to ensure that reports are compiled in a fair and comparative manner.

Summary:

The surgery is easily located with a reasonable amount of car parking facilities that are close to the building, and a dedicated disabled parking space which was clearly marked. However, it was noted that the parking is fairly restricted, with one patient stating, “parking can be difficult” while others state “ it’s not a problem.” Representatives observed the building to be clean, brightly lit and well maintained. The building is generally accessible, and its environment is welcoming.

There were some very positive elements to the practice with plenty of displays, leaflets, and important information readily available to patients. However, we noted that some of the displays were out of date and needed updating while others were informative.

The responses we collected at the time of our visit were mixed, with positive comments made about the Practice Manager, while concerns were raised about some of the Doctors and booking appointments. One patient stated that the Doctor “doesn’t listen to what I have to say.” The staff we spoke to were happy in their work and told us that they felt supported by management. “I love working here, staff management are really nice. They can’t do enough for me, it’s the best place I have worked. I am 54 and worked in a lot of places.”

A recurring problem that was apparent with the patients was the difficulty in getting an appointment, which may have been a key reason why patients we spoke to told us they would not recommend this GP practice, with one stating when asked “based on how hard it is to get an appointment here, probably not.”

There appears to be a lack of clarity around the Social Prescribing role within the practice, with lack of promotion of this service in the waiting room. It appeared that both patients and staff are unaware of this service, and it has not been sufficiently integrated into the practice.

Enter and View observations

ACCESSIBILITY OBSERVED

Representatives firstly looked at the practice website to establish contact and found that the homepage was not welcoming and did not display important information such as contact telephone number or the opening hours for the practice. However, the page does display three main tabs to direct patients to book an appointment, a repeat prescription and for new patients to register. These tabs were clear and simple, and redirected patients to the relevant pages.

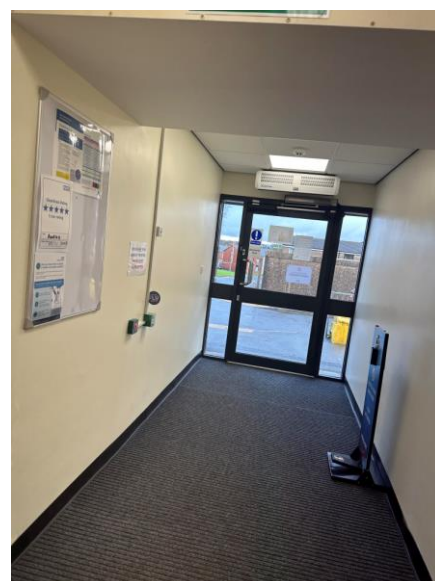
Representatives felt that the website needs a refresh to modernise the look and feel of the site, as at the moment representatives found the website to be dated, glitchy and not welcoming. This was mentioned to the Practice Manager who is aware of the website difficulties and is actively looking into it. She informed us that previously she has tried to do things herself, but she is not a web designer and has had nobody to help her.

Before the visit, we rang the surgery on Friday November 3rd 2023, at approximately 2:30pm to check the wait times and queue position. We were number 1 in the queue and the call was answered at 2:34pm, which representatives found was very good.

In terms of the external environment, the surgery is situated on a small hill in a residential area of Audley. Representatives noted that for some, the slope could be difficult for those less mobile, especially if some had to park on the sloped hill, however no patient reported this as an issue. The surgery building is well signposted and the practice nameboard is easy to see from the main road below. Representatives found a reasonable amount of car parking facilities that were close to the building, and a dedicated disabled parking space which was clearly marked.

The building is low level, purpose built and modern, with a clear flat surface entrance. This was facilitated with an automatic door that opens inwards, which is easily accessible. The building and the surrounding area were clean and well maintained. All areas were at ground level and easily accessible. There was also a wheelchair in the waiting room that was available for people to be supported within the building.

On arrival, there is a small walkway, which has a hand sanitiser dispenser by the door, though it was empty. From this walkway you enter into the waiting room, that has the reception desk situated behind the seating and a check in screen located to the left of the main reception desk. No patients reported any issue with the check in screen, and we observed it to be used easily, however one patient did struggle and was assisted promptly by





staff. All of the seating faces the main wall, which has a mounted screen to announce appointments, it is clear and well situated but not accompanied by an audio announcement other than a bell to announce an appointment. There appeared to be a sufficient amount of seating, they were all standard chairs, with no adapted seating, representatives did not see the waiting room fill up during their visit. As well as this, there were a dozen stacked chairs at the front of the waiting room, which blocked some of the display boards, specifically the breast screening board.

Representatives were informed that they are still in the process of putting the chairs back out after removing most of them due to social distancing. The chairs stacked at the front of the room did

make the waiting room look cluttered, however no patients reported this an issue. While aspects of the practice were dementia friendly, especially the treatment rooms corridor which had blue flooring and white walls with large blue signs for the rooms. Other aspects were not, the waiting room had a similar colour wall as the flooring, the flooring had a coloured rectangle in the middle of the room. For somebody with dementia this could be a barrier.

The waiting area is well signposted, with noticeboards situated all around the room. The manager informed us that the displays seen throughout were done by work experience students at the practice. Some of the displays were informative with relevant health information but representatives found some of the boards to look a bit old-fashioned, with some information on the boards being out of date, specifically for various drop-in sessions. However, the Carers notice board was particularly helpful with community activities clearly time tabled.

We arrived at 9.00am, and on introduction, one of the staff went to advise the Practice Manager that we had arrived. The waiting room was empty. We were informed that the practice does not start appointments until 9.30am, representatives found this to be confusing, as the website states that they start at 8.30am. This could be confusing to patients. Whilst representatives were in the waiting room, the appointment board called for a patient, the room was empty, and nobody had checked in. The Doctor came out a few moments later to call the patient again, he was visibly confused when asking reception. Representatives did not catch the rest of the conversation, as we were directed to the patient survey feedback papers, from a survey that was conducted in July 2023 by work experience students, who spoke to 100 patients. We were granted a look into some these answers. The



feedback is still yet to be published, however representatives noted that the feedback was rather mixed, with some patients feeling that the practice are disinterested in their problems/needs. We later observed similar feedback from patients.

It was noted that the arrival of the first patient was at 9.45am, with the patient being called at 9.46am.

The Practice Manager was very welcoming and kindly gave a lot of her time to discuss relevant matters with representatives. The manager informed us during the visit that appointments were offered face to face and by telephone and could be booked via the NHS App, by ringing the reception or by walking into the reception, which we observed during our visit.

The practice has also just bought software that offers instant interpretation on selected handsets, which is more efficient than language line and makes the experience of the patient and staff member much easier.

We observed corridors and other rooms to be clean and well lit. A corridor adjacent to treatment rooms was noted to be well supplied with an array of treatment and support leaflets with comfortable seating provided in a small waiting area. The toilets situated off the main waiting room can be clearly identified from the waiting room, they were well signposted, with pictures and coloured in NHS blue. All public toilets were clean, well-lit with modern sanitaryware, stocked with soap toilet rolls and hand towels. All toilets had cubicles in them, including the men's. The disabled toilet was clearly marked on the corridor immediately to the left on entering the building, it was clean, spacious and could also accommodate baby changing, which was a drop-down changing station. This appeared preferable to putting baby changing facilities in women's toilets, as it means either or Mum or Dad can use the facilities. Throughout the practice, we also saw positive Breast-feeding posters.



The treatment rooms located down a corridor from the main room were colour coded and signposted in large print with signs above the corridor walkway. The other treatment rooms located within the main waiting area were not as well signposted, resulting in patients overlooking some of the rooms and struggling to find the correct treatment room. We observed this numerous times with patients struggling to find room number 3. The room in the corner had no large sign like the other rooms and was misidentified.

Patients were called by an electronic visual ribbon system. However, as previously mentioned, this had no audio function except for a beeping sound, so may be difficult for patients who are unable to read, for whom English is not their first language or who have visual impairment. We did not witness any GP come to the door to “collect” patients when called, except for in the morning, when the reception was empty, and a patient was randomly called.

APPROACHABILITY OBSERVED

The practice has a quiet environment with not many patients appearing to have appointments in the surgery. Reception staff later told representatives that many people had chosen to have telephone appointments. However, this contrasted with what views of some patients, as they have expressed their difficulty in getting an appointment with one saying they “don’t understand why it’s so difficult to get an appointment when it is so quiet like it is now.” At the time we spoke to that patient, it was 9:30am and there were no other patients in the waiting room.

Representatives noted that the internal environment did not appear particularly welcoming with CCTV in operation, a sign informing of CCTV placed in the centre of the main wall and at least 4 Zero Tolerance posters at various points, 3 of them being near the entrance and 1 on the door to one of the Doctors’ room. A staff member later confided this was a preventative response to a serious assault on her which had happened in the past.



The Reception desk is centrally placed and shielded by glass which meant that it was difficult to hear conversation on the telephones but preserved privacy with a glass shutter which was opened for patients to speak through. The glass also offered staff protection, with a latch to lock it, alongside a lockable door to the reception area.



We were informed that the practice assist those who may need additional support, and a dedicated staff member sees patients with learning disabilities and keeps the listings updated annually. Patients with additional needs are flagged on the system. The manager showed good awareness of the difference between learning difficulty and learning disability. The Manager told us that Easy Read information is available on request, although representatives could not find a mention to this on the website. In the practice there was no quiet separate waiting room, but patients were free to use the seats adjacent to the treatment rooms corridor. We saw firsthand how staff assist patients who require additional support whilst we were at the practice. One staff member on reception noticed an elderly patient struggling with the check in screen, the staff member came out to assist her with the screen. The patient, who had a walking stick, then struggled with their balance while standing. In response, the staff member assisted her to a chair and offered her a glass of water, reassuring her.

When speaking with the Practice Manager, she was a little unclear about special allocation stats said the practice would prefer to “work with the patient”. She informed us that she operated an “open door” policy to patients, which was confirmed by patients when we spoke to them. One stated “When I am not happy about something I will just go into Rosemary’s office”. Staff also seemed to have

positive relationship with the manager. She showed a great deal of responsiveness in her personal development, learning sign language to be more accessible, encouraging work experience placements in the practice and even covering some clinics to her skill level.

While feedback about the practice manager was good, feedback regarding other staff members were mixed. One patient stated that staff on reception “seem kind” and another stated that “Staff are nice, always get an appointment same day if needed”. Whilst another stated they “feel that they don’t understand patient needs” and that having to “deal with their attitude is horrible”. Some patients expressed concerns about doctors in the practice. One patient spoke of a doctor saying they are “abrupt”. Another patient stated that one doctor is “forgetful” and “doesn’t know what’s going on anymore”. Another, regarding the same doctor, stated they “made mistakes over the years”. Another said that they think that a particular doctor is one “who is very quick to give out medication and not want to understand why you have the problem”.

The Practice had done work on patient feedback with the most recent in July 2023, carried out by work experience students. The Practice informed us they are trying to re-establish their PPG group after this was paused during the pandemic. The website has a page for their PPG with a contact form for those patients wishing to join. We observed that the PPG was not advertised by a poster in reception.

RESPONSIVENESS OBSERVED

The Manager told us that the practice valued working with partners in terms of Care Navigation and highlighted the excellence of the Minor Eye Care Service.

Representatives asked about the Complaints Policy, and the Manager said that patients could come to her directly or use the formal process. This was confirmed in speaking with patients. The Manager informed us that that Team meetings were used to discuss problems and issues and how to learn from practice. She said when dealing with complaints, she listened back to telephone calls to fact find about some complaints. She stated in the past she has asked reception to apologise where deemed necessary.

Conversation around social prescribing seemed to demonstrate that the service lacks identity and penetration within the practice. There is no mention of social prescribing on the website and lack of promotion within the practice. Social prescribers spend no physical time at the surgery and the three staff members we spoke to were not aware of what social prescribing was, with one stating “it sounds good”. The Manager was aware of the referral process though and believes that Social Prescribing should be done on an Outreach basis to each local GP surgery.

The Manager makes good use of SMS messaging, for instance personal messaging to encourage attendance for cervical smears. This is good, however there is no active promotion of cervical screening in the practice itself. The display boards feature

no mention of cervical screenings and the Cancer specific poster did not include cervical cancer.

We were informed that the Nurse offers one to one appointments with patients who may be worried about sensitive screening processes like breast, cervical, bowel and prostate cancer and reassure and encourage participation in the programme.

The Manager has developed a workshop-based approach to supporting and educating patients. She gave us an example of her devising and delivering her own training around Diabetes. She said that this had been delivered to over 100 people and had been very successful, with pictures showing the waiting room transformed for the workshop.



Feedback from Patients

ACCESSIBILITY

Are opening hours sufficient?

“Yes”

“Yes”

“Good”

“No”

“Yes”

“They are fine but making appointments are difficult because I must ring at 8am”

“Yes”

Is it easy to park or travel to?

“Yes”

“Yes”

“Yes”

“Not close to home - thinking of changing to Darwen Health Centre - heard it's a good GP and closer to home.”

“Parking can be difficult”

“Not a problem”

“Yes”

How did you arrange your appointment today?

“Last Thursday, changed doctor who I don’t really get on with. Dr is abrupt, don’t like seeing him”

“I’ve come for my Baby’s vaccine appointment”

“1 month ago, pregnant - coming for vaccine.”

“Follow on appointment from last appointment.”

“I booked the Yearly review for my son who has special needs. it’s the first time he has had one at the GP - they used to do them at the hospital.”

“Over the phone at 8am”

“I called at 8am”

APPROACHABILITY

Are staff courteous and polite?

“Kind on reception.”

“Yes”

“Yes”

“In a way. Dr is forgetful, 3 mess ups with prescriptions. Feel like he doesn’t know what’s going on anymore.”

“I feel that they don’t understand patient needs - they need more training on how to communicate with patients. When you are feeling unwell and have to deal with their attitude, it is horrible.”

“The staff are okay”

“I have had a good experience but my daughters haven’t. They’ve had to change surgeries and with one of my daughters they never got back to her with her tests”

Would you recommend this GP surgery?

“No”

“Mixed feelings”

“Yes”

“At this moment in time, no.”

“No”

“Based on how hard it is to get an appointment here, probably not”

“No, because my daughters haven’t had a good experience”

RESPONSIVENESS

Do you get enough time with the doctor?

“No.”

“Mixed feelings”

“Yes”

“At this moment in time, no.”

“No”

“Some of the doctors talk fast so the information is overwhelming. When I was pregnant, I rang in for an appointment because I had two ongoing issues with my pregnancy, and I got an appointment. However, the doctor only addressed one of my issues and told me I had to make another appointment for my second issue, even though I called for both issues to be addressed”

“Yes”

Do you have any understanding/experience of social prescribing?

“No”

“No”

“No”

“No, never heard of it.”

“No”

“No, but I didn’t get much help with how to look after my child such as how to breastfeed. I had to look up everything online”

“No, never needed it”

Has there been an occasion when you have felt you had to attend A&E rather than get a GP appointment. Could you tell us why?

“No but ended up in A&E with a problem (blood clot) and had seen the GP at this practice who said it was indigestion.”

“No”

“No”

“No been tempted to. Wife fractured pelvic, had a good experience at the hospital.”

“Yes, few years ago. Spent all night/day on corridor, ended up on the mental health ward and my care was dismissed there too.”

“No”

“No”

Any other comments?

“Dr - Made mistakes over the years. Said I had indigestion, but I had a blood clot and ended up in hospital for 4 weeks. Thinking of changing but you don't know if the grass is greener on the other side.”

“I don't really come to the GP that often. I don't like troubling others with my problems”.

“I'm 50 now, so I feel like I need to start looking after myself.”

“Staff are nice, always get an appointment - same day if needed.”

“Need to pay attention to detail - Reception staff + GP.”

“Came to make an appointment for a cyst on my head, was told that the doctor had gone home ill. I said can I make an appointment for next week. Receptionist said “he won't be here next week either.” I just walked out and still haven't had an appointment since.”

A representative asked if the patient is still going to make an appointment now they are here and they said “No it's not bothering me anymore. I'm not going to bother”

“I don't understand why it's so difficult to get an appointment when it is so quiet like it is now. The time is 9:45am and there is nobody else in the waiting room.”

“Blood results - ringing with results but not letting the patient talk to ask questions, the doctor puts the phone down.”

“Dr doesn't listen to what I have to say, he doesn't look at me when I am trying to explain my symptoms. I feel he is a doctor who is very quick to give out medication and not want to understand why you have the problem.”

“I have questioned him a few times and once he said to me “look around, I didn't get all these awards for nothing.”

“When I am not happy about something I will just go into Rosemary's office and complain.”

The representative asked how the Practice Manager deals with the complaint “She explains the staff have a heavy workload and not to take it out on them.”

“I have thought about changing doctors but worry it may not be much better elsewhere. I know a few people who have recently changed doctors.”

Staff views

ACCESSIBILITY

How easy/difficult do you think it is to get an appointment with the GP (i.e. availability of GP appointments. Time spent on the telephone to get an appointment)?

“If you phone up on time, you can get one. The phone lines open at 8am but people don’t ring until 9am. We are only open half day Thursdays.”

“Easy system to book now - makes my job a lot easier. I started in May, and in the middle of June/July we got a new booking system - it’s much better now.”

“Depends on the demand from patients. Winter months are busier.”

Do people generally get to see the GP on time?

“Sometimes doctors can spend longer with a patient before the next patient goes in. Depends on which doctor it is, we have a doctor who goes into great detail, so can take a while with them.”

“Yes. Depends which GP. Certain GPs have to deal with language barriers etc.”

“Depends on which GP the patient is seeing, they are all different, some are quicker than others.”

APPROACHABILITY

Do you have a Social Prescriber attached to the practice and do you refer to them?

“Never heard of social prescriber but it sounds good.”

“No, what is that?”

“No, what is one of them?”

How do you identify and support more vulnerable patients? (for example those with learning difficulties)

“I’ve just been dealing with a deaf patient. We have a personal phone in the office that they can text to arrange an appointment.”

“ I ask ‘Is there anything you need me to explain’ and I ask open questions.”

“Asking them what they want. If there are certain people they want to speak to etc. Reassure them at the same time. Carers sometimes ring on their behalf and make sure the needs of the patient are met.”

RESPONSIVENESS

How do you manage DNA appointments. Why do you think that some people seem to access A and E rather than primary care?

“We have a three-strike system - pass over to manager if they have a person who has had three strikes. Leave them to ring back to rebook. Patients refuse to go to A&E, they don't want to go to A&E so they demand a GP appointment.”

“Patients forget about their appointment.”

“Text reminders”

“We don't ring DNA patients - it isn't our place to call them and ask why. If it is urgent and they need an appointment, they will ring back to make another appointment.”

Any other comments?

“I love working here, staff management are really nice. They can't do enough for me, it's the best place I have worked. I am 54 and worked in a lot of places.”

Response from provider:

Stepping Stone Practice CQC Rating – Good

To understand our practice, I the senior partner and lead GP of Stepping Stone Practice, Dr Mridul Kumar Datta would like to present a short history on the development of the practice from where we were and where we are now.

For some very personal reasons, as a trained gynaecologist and obstetrician in this country gaining the highest qualification in my speciality I decided to go into general practice on 1 July 1971. I bought a branch surgery of an old established GP practice in Blackburn and started as a single-handed GP on Accrington Road in Blackburn despite the fact I had a job in my speciality in USA.

After six months when I felt frustrated, and I found difficulty in building a practice from scratch (Blackburn was a designated area at that time) I was planning to leave the country and go to USA to work in my own speciality again.

At that point the Health Authority in Blackburn approached me, and they wanted me to practice from a new health centre in our area if I promised to move in as soon as it was ready.

I accepted the offer and I built up the practice slowly but steadily.

I took a second partner who was a female doctor my wife who was multi linguistic and could communicate with most of our Asian patients who came from different parts of Asia and African Countries of the world.

The Health Authority extended our health centre twice at my request to accommodate more administrative staff and to enable us to offer various minor surgeries including vasectomy which I introduced in September 1971 in this town. Later I started a vasectomy clinic in Preston and published a paper about vasectomy in a journal called "Update" and was appreciated by many other journals.

We also offer various services including diabetes, respiratory, gynae, HRT clinic etc for several years.

I was a Blackburn GP representative within the old Primary Care Trust and later within Care Commissioning Group.

I was member of the maternity liaison committee both in Blackburn district and East Lancashire for a number of years and changed a lot of things in the service.

After having full support from the partners, I made our practice a teaching / training practice under Manchester University for six years.

We trained five training doctors from this health centre who served in the NHS until they retired.

I was involved in setting up a training service for family Planning and ran two vasectomy clinics one in Blackburn and one in Preston and also 2-3 contraception service including coil and implant.

I was a trainer for Family Planning service including vasectomy operation for over fifteen years.

I worked as an appraiser for Blackburn district for fifteen years. I was the chairman for our local out of hours service for 10 years before ELMS was introduced in this district.

During that period as I was working as a GP, I still did locum consultant job in obstetrics and gynae for almost fourteen years and mostly in Barrow in Furness Hospital performing all the major obstetrics

and gynae procedures and operations. Usually, I worked for 2 -2.5 months every year to keep up to date within my speciality.

In 2015 I took on another partner to support the practice needs and renamed the practice as Stepping Stone Practice.

Our vision: Stepping Stones to Health (patients) and Stepping Stones to future careers (staff).

Two years ago, the Oldies Group gave me and my wife The National Award being recommended by the BMA for our long service over 50 years each in general practice and over 56 years in the National Health Service. I was led to believe that no one in the NHS was given this honour so far. They described us as “Angels of the National Health Service” for the year 2021.

On the 25th December 2023 my son in law who is a professor in surgery in Manchester Royal Infirmary produced a booklet called ‘Ladbible’ where 97,450 people commented and praised us for our service to the NHS as all together between two of us we gave over 100 years. A copy of this booklet will be available through our Practice Manager Rosemary.

The practice was a commendable practice when we had our last QOF visit. I personally work from 9am till 9pm most working days except on Friday during the three-year period of Covid-19 Pandemic. On the top of that I had to take work home and sometimes I had to do my paperwork up to midnight.

I would like to express mine / our opinions on the expressed comments of our practice patients.

Responses

Accessibility

The report states the practice website did not clearly display the opening times or the contact telephone number. This information is imbedded but could be displayed better. My manager has been trying to improve our practice website recently, but it has proved difficult to conduct. We have discussed plans for improvement and agreed to employ professional people to help us to make it a success.

The telephone system has been recently updated and patients are now able to choose ‘call back’ when waiting in long queues. We are still experiencing some hiccups therefore patients’ responses are valuable to any problems being corrected.

Parking can be difficult due to nearby residents using the practice carpark. Sometimes the doctors must find other spaces because the designated spaces are taken by residents. The police have been informed on many occasions. If we were to put up barriers – we feel the residents would damage them anyway.

The sanitiser dispenser by the door is empty due to not being able to reorder any of the bottles for that particular dispenser as the company cannot get hold of anymore. Unfortunately, the dispenser cannot be easily removed without ruining the wall. The works department are aware of it.

As regards to the out-of-date information on our display boards, this is simply an oversight as the boards are checked on a regularly basis. Sometimes changes are not known to us, and we would have

benefited from you if you had pointed out those at the time to enable us to remove or update immediately.

The distribution of the chairs within the waiting had to be altered to avoid the spread of Covid-19 infection in the health centre and we wanted to maintain that level of safety for our patients. As the health centre is leased the type of chairs are not our responsibility but we will make sure some of our display boards are not blocked with furniture in future.

We offer patients an appointment at first point of request. This might be a GP or our Advanced Clinical Practitioner. Unfortunately, if the patients requests a particular doctor and they are not available this may cause a problem to the patient if they are not willing to change their choice of clinician.

Some doctors do start their surgeries at 8.30am but we find locum start at different times. This depends on the time to travel to the practice.

I (Dr MK Datta) always started surgery from 8.30am for the convenience of working people which I did for almost 46 years. During Covid period I found lots of our patients did not respond to telephone consultations in the morning or did not take part in our video consultations. This was causing double workload as it was necessary to call them later in the day. For that reason, 2 years ago, I also decided to start my surgery at 9.30am for the convenience of the patients.

With limited workforce following a major accident and operation of our second partner, we had great difficulty in coping with the demands of our patients regardless of having locum GPs. Our second partner being female commanded patient female demands due to her understanding nature.

Please refer to the national paper of The Times 16th December 2023 "Rise of month long wait just to see your GP". It is a national problem due to imbalance between demand and supply.

In 52 years, our practice is nearing negative equity due to over use of locum doctors to meet the demands of our patients.

We have an electric display board which displays the clinicians name and room number. Sometimes due to room shortages the clinician needs to change their room and forgets to change it for their clinics. We will endeavour to make it easy for patients to find the relevant rooms easily during surgery attendance.

Approachability

It is very unusual for the practice to be quiet; we are always busy. This may be attributed to one of our doctors taking sick leave and a locum working in the afternoon rather than a morning session.

CCTV was placed in the health centre due to an assault on the manager. CCTV is only available on a need-to-know basis for legal matters. The CCTV is not owned by the GPs but by NHS Property Services.

Audley health centre is at ground floor level and the waiting room is the only space available for patient to sit. But we do have a small quiet room available at request for anyone who needs to feel safe or for breast feeding. Patients have been known to sit with the manager before their appointment time.

We have four to five regular doctors working at the practice. All having different styles of consultation. If there are any problems with an individual doctor, then the patient has a choice to choose another doctor within the practice. If any patient wishes to complain I am aware that my managers door is always open for them.

Responsiveness

Over the past six months we have experienced lots of changes in reception area with new staff replacing our mature workforce. Therefore, they are not able to remember everything that goes on in practice and were not aware of social prescribing, even though this was discussed in a meeting two weeks prior of Healthwatch visit. We are looking to rectify this. I discussed this problem with our manager for further necessary clarification and to help the new receptionists to understand how they can be more involved in the referral process.

With long absence of our female second partner who was a trained gynaecologist, we struggled to achieve the cancer smear screening targets. We used to have smear uptake at 100 % because she would opportunistically complete them during a patient's appointment. But since Covid-19 hit us, the attendance has dropped dramatically especially with the younger generation.

We have struggled to cope with so many non-English speaking patients in the practice which has increased our workload and time with individual patients. The translation line is not always available or convenient. The manager has bought instant translation devices for all clinicians to support this demand which seems to be working well.

Patients' comments:

"Look around I did not get all these awards for nothing" – this must be my comment (Dr MK Datta) in my consultation room, and I do have some post graduate qualifications displayed on the wall stating I am a Fellow and a Member of the Royal College for Obstetrician and Gynaecology and a Fellow of Royal College of Contraception Services. These are the two highest qualifications in specialist medicine.

I can remember I used these words twice in my life. Once a woman questioned me whether I could perform gynaecological examination on a female patient. Another time when a patient asked me whether I could fit a coil or not. As a professional man we have also got some pride and self-respect.

Now of course most of our patients know about our national award from the Oldies Group as it was published in different national papers as well as the local paper and we were interviewed in BBC during that period, and everybody saw that on television as well.

I certainly noticed that Google contains most of the relevant information regarding my professional academic life.

Overall the report has provided some constructive feedback as well as positive feedback. The responses above are based on the negative feedback to ensure we are taking notice and offering change where needed. While these may be small, they can be perceived differently to our patients.

It is always good to know we are 'getting things right' – well signposted, automatic doors that opens inwards, building clean and well maintained, check in screen, helpful notice boards, staff promptly offering support to patients in need and that patients are happy to see the manager if they were not happy about something are just a few to mention.

The manager collates patient feedback annually via work experience students to avoid bias and allowing patients to feel comfortable to make their comments. These are collated by the students and the comments we respond with a poster 'You Said We Did' displayed within the practice and the website.

Importantly, we have signed up and proud to be a 'Safe Surgery' for everyone in our community. In recognition of the barriers to healthcare access faced by people in vulnerable circumstances, including migrants, we commit to protecting the human right to health. We will take steps to ensure that everyone in our community may fulfil their entitlement to quality healthcare. We have therefore implemented patient registration policies which do not discriminate based on race, gender, sexual orientation, immigration status or any other characteristic.

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