

The Robert Darbshire Practice

Enter and View Report

Contact Details	Rusholme Health Centre, Walmer St, Manchester M14 5NP
Visit Date and Time	29/04/2025 10:00am-11:30am
Healthwatch Manchester Representatives	Thomas Carr (HWM Staff) Neil Walbran (HWM Staff) Daniel Roberts (HWM Staff) Ada Mok (HWM Staff)



Disclaimer

This report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

Contents

About Us.....	3
What is Enter and View	3
1. Background and Rationale.....	1
2. Methodology.....	2
3. Enter and View Observations	3
4. Findings from speaking with patients and carers	5
5. Findings from speaking to Management	6
6. Findings from speaking to staff.....	9
7. Recommendations	11



About Us

Healthwatch Manchester (HWM) is the independent consumer champion for health and care. It was created to listen to and gather the public's and patients' experiences of using local health and social care services. This includes services like GPs, pharmacists, hospitals, dentists, care homes and community based care.

Emerging from the Health and Social Care Act 2012, a Healthwatch was set up in every local authority area to help put residents and the public at the heart of service delivery and improvement across the NHS and care services.

As part of this role HWM has statutory powers to undertake Enter and View visits to publicly funded health or social care premises. These visits give our trained authorised Enter and View representatives the opportunity to observe the quality of services and to obtain the views of the people using those services.

What is Enter and View

Local Healthwatch representatives carry out Enter and View 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 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers in 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 View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

In addition, if any member of staff at the healthcare service being visited wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

1. Background and Rationale

General information about the Service

Name of service: The Robert Darbshire Practice

Type of service: General Practitioner

Number of patients on register: 33,826

Description of service: The Robert Darbshire Practice serves the local population in Rusholme. The practice treats roughly 520 patients per day and employs 65 staff members with shared/PCN staff not included in that number. Rusholme is an inner city area which is close to two Universities with a number of international students. The area has seen several waves of migration and has a diverse community with an increasing population.

CQC Rating: (Published [here](#) 16 March 2017)

See Care Quality commission (CQC) website to see their latest report on this service.

Care Quality Commission is the independent regulator of health and adult social care in England.

Purpose of the visit

The purpose of the visit was to:

- Observe the environment and routine of the venue
- Speak to patients about their experience in the practice, focusing specifically on the appointment booking system and consultations.
- Give staff an opportunity to share their opinions and feedback about the service.

When preparing for this visit, HWM contacted various other Healthwatch across the country who had conducted Enter and View visits in GP practice previously. Staff from Healthwatch Tower Hamlets and Healthwatch Lancashire met with Information and Communications Manager Thomas Carr to discuss their experience conducting this work.

Healthwatch Tower Hamlets and Healthwatch Lancashire both shared their Enter and View resources with HWM and from here, an Enter and View survey was devised. This survey combined the questions Healthwatch Manchester, Tower Hamlets and Lancashire had asked during their own Enter and View visits. Naturally, duplicate, redundant or non-essential questions were removed.

2. Methodology

2.1 Prior to the Enter and View taking place

We informed the GP Practice of our intention to conduct an Enter and View visit a number of weeks beforehand, in order to ensure that they were comfortable with our attendance.

All Enter and View representatives have been briefed and have agreed to abide by the Healthwatch Manchester Code of Conduct and Infection Control policy.

An intention to visit (though not the date and time), the purpose and structure of the visit were clearly shared with the provider in writing.

The visit was carried out over the course of one hour and thirty minutes. The visit date and times are shown on the front cover of this report.

2.2 During the visit

Upon our arrival at the practice, Enter and View lead Thomas Carr informed practice staff of our presence and requested to speak with the Practice Manager.

During this time, the remaining three members of staff completed their observations of both the internal and external environment, including an access audit.

Following this, the HWM team spent time talking to the staff and patients using an agreed set of questions.

Interviews and observational methods were used to give an overview of this service from a layman's perspective. This data was recorded using standard observation sheets and questionnaires developed by HWM.

3 staff members (including the Practice Manager) and 10 patients/carers were interviewed during our visit by authorised representatives of HWM.

2.3 Following the Enter and View Visit

Immediately following the visit initial findings were fed back to the provider and other relevant parties in accordance with the HWM escalation policy.

This report was produced within 10 working days of the visit. An initial draft was circulated to the service provider to enable a response. The service provider was obliged to acknowledge and respond within 20 working days of receipt of the draft report. The response from the service providers is included at the end of this report.

3. Enter and View Observations

3.1 The External Environment

The building is accessible when using a wheelchair, the entrance is sloped without stairs allowing for wheelchair access. The doorways upon the entrance are also more than wide enough to allow for a wheelchair to be moved through.

External signage to the Robert Darbishire Practice(RDP) was clear and obvious . However, as the practice is part of the wider 'Rusholme Health Centre' it was not immediately obvious from the street where the practice was. Upon entering the carpark, a large sign on the wall is visible directing you to the practice.

As part of the access audit, HWM found that the pharmacy attached to the Rusholme Health Centre did not provide ramped access. When asked what patients were required to do in this situation, the pharmacist told us they would wait outside and have their prescription brought to them. It has since been brought to our attention that this pharmacy independent from the RDP.

As previously mentioned, the practice itself contained a small carpark however there was ample parking on the roads surrounding it. Moreover, it is a short walk from Wilmslow Road which is a popular city bus route. This road runs through the centre of Didsbury, Withington, Rusholme and Fallowfield as well as including the student resident village Owens Park. The carpark itself had 3 disabled parking bays however the overall signage in the carpark was only in English.

3.2 The Internal Environment

Upon our arrival to the practice, the staff were welcoming, polite and informative; inviting us to take a seat whilst the Practice Manager was located ahead of our interviews. Inside the building, here was a decent level of signage towards toilets, lifts and treatment rooms among other parts of the practice. There were a variety of notice boards across the waiting room which included information about the staff.

However, HWM staff noticed that none of the signs contained symbols to help direct non-English speaking people. After conducting our observations of the internal environment, we were unaware of the fact that the waiting room was split into patients waiting for services at the Robert Darbishire Practice and services in the wider Rusholme Health Centre. Signage separating them not evident and thus, this could lead to confusion for patients.

Furthermore, despite the practice having a baby changing facility on site, there was no signage to this in the practice. A HWM staff member asked at reception where this facility was and was signposted correctly which again may have been challenging for non-English speaking patients.

The waiting area and wider practice itself was comfortable and uncrowded. There was ample seating and space to manoeuvre a wheelchair. Temperature levels were not uncomfortable despite the outside heat on the day of the visit.

Signposting to other services and charities was evident on the walls and notice boards in the practice including AgeUK PALS, Change Grow Live, the NHS App (Picture A)



Picture A

and LGBTQ+ Support Groups. However, HWM staff noted that there were no posters or information packs provided about advocacy services such as VoiceAbility or Coram Voice. Moreover, there was some information about infection control however HWM staff noticed the Covid information poster was out of date. It had not been updated since 2020.



Picture B

Lighting was good throughout the building, specifically in the waiting area where the large windows allowed for plenty of natural light as well as the overhead lights.

Complaints and feedback information was displayed clearly in the waiting area (Picture B). Specifically, a 'Friends & Family Test' submission box was located by the entrance / exit doors. However, the complaints process was only written in English. It would be helpful to offer it in more languages, considering the diverse patient population at the practice.

HWM did note that the registration information poster on the wall in the waiting area was incorrect, informing patients that they needed ID to register for the practice. This is not true, the NHS state that 'You do not need proof of address or immigration status, ID or an NHS number' when registering with a GP¹.

HWM staff observed a potential issue whereby due to the large screens between the staff and patients at the reception desk, conversations between the two were loud enough for other people in the practice to be able to hear. This could be dangerous if sensitive information was being passed over about a patient.

3.3 Accessibility in the building

All the walkways were clear in the building, the waiting area also had a separate pattern on the floor to inform patients of this (Picture C).



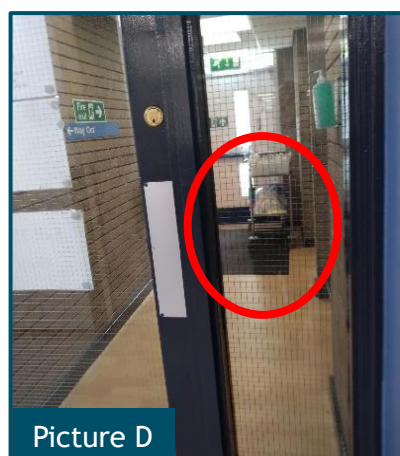
Picture C

There was a disabled access toilet available in the practice, it and the other toilets were all unobstructed.

The building contained both stairs and a lift for moving between the multiple floors in the practice. All floors and doorways were flat allowing for wheelchair usage.

3.4 Internal Safety

Security and fire safety procedures were evident however HWM could not locate a fire extinguisher during our visit. This may have been kept behind the reception desk or in another secure location.



Picture D

¹ <https://www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/>

However, HWM noticed a trolley was left in front of a fire door for 15 minutes before being moved by a member of staff (Picture D). This presented a fire safety hazard.

Information about evacuation and fire safety points was clearly visible in the entrance to the practice including a fire assembly point and evacuation routes.

4. Findings from speaking with Patients

During the visit on 29TH April 2025, we had the opportunity to 12 patients. We asked a total of 13 questions divided into the following categories: Appointments, Consultation and Feedback.

4.1 Appointments

HWM asked patients questions about the way they booked their appointments and the appointment system in general. Patients told HWM that they had booked appointments via the telephone, online form and through writing letters to the practice, demonstrating the numerous ways this process can be completed. Moreover, patients reported that making an appointment was easy to do, especially when done via telephone call.

When it came to the length of time between trying to make an online appointment and seeing their GP, HWM found that the majority of patients had to wait a short period of time. Although some patients said that they saw their own GP specifically, these patients frequented the practice more than the average person due to having regular check-ups.

The majority of patients interviewed told us they had seen a different GP / medical practitioner each time they had been to the practice. One patient noted that they have no idea which GP they will be seeing when they get to the practice. Overall, the patients didn't seem to mind who they saw, as long as they were treated well.

We asked patients what they think could be improved about the appointment booking process however the vast majority said they thought it was a good process. The only issue noted was that the online form can take a long time to do, making patients more likely to call the practice to book an appointment which in turn makes the phone lines busy.

4.2 Consultations

We asked patients to detail their experience when having a consultation at the practice. In a similar nature to previous questions, the answers given were varied.

When asked about the type of consultation they received, the majority patients said they had received a phone call appointment prior to receiving an in-person appointment whilst others said they had just received a text message reminder.

Furthermore, the majority of patients told HWM that their appointments had been done on time, without delays. There were still a small portion of respondents who informed us that they had to wait for half an hour or more in the waiting area for a face-to-face appointment.

We also asked patients if they were happy with the quality of treatment they received at the practice. The vast majority of patients told HWM that they were happy with the quality of treatment they received. The remaining patients noted that they were content with their treatment 'for the most part'.

Finally, we asked patients what they thought could be improved about the way they were treated at the practice. Despite the majority of patients believing they received a good level of treatment, some patients mentioned there was a communication issue when conveying their needs to the GP. For example, a patient noted that they are continuously prescribed the same medication even though it has not helped them.

4.3 Feedback

We asked the patients in the waiting area at the practice about their experience/understanding of the feedback and complaints process at the Robert Darbshire Practice. The majority of patients revealed that they didn't know how to make a complaint as they hadn't needed to in the past due to the quality of the service being high.

Despite the complaints procedure being signposted clearly in the waiting area, patients said that they didn't know what the policy was as they hadn't needed to complain and thus hadn't checked. When asked what they would do, some patients told HWM that they would just speak to the doctor directly if they were unhappy.

Finally, we asked patients about their experience interacting with members of staff. All comments from patients were positive, describing staff as friendly and supportive.

5. Findings from speaking to Management

During the visit on 29TH April 2025, we had the opportunity to interview the Practice Manager. We asked a total of 22 questions divided into the following categories: Staffing, Appointments, Consultation, Feedback, and Service.

5.1 Staffing

HWM interviewed the Practice Manager(PM) of the Robert Darbshire Practice and asked them a similar set of questions to those that were asked to staff members during our visit. The first section of our interview with the Practice Manager involved asking questions about his role and the role of the staff at the RDP.

The PM's told us his workload is priority driven meaning the most urgent matters are dealt with first. Moreover, he told HWM that he did not feel overwhelmed in his role despite currently covering for a separate staff role that was vacant at the time of our visit. This was because of the management team they had in place. This team is made up of numerous staff separated into different aspects of the practice. For example, Operations Manager, Complaints Manager, Quality Manager, Finance and IT Manager.

The PM believes all staff(including management) receive enough training to help them carry out their duties well. Staff are allotted a one hour 'protected' timeslot every Tuesday where they have the opportunity to carry out mandatory training or any other training packages they are registered for. The PM also told us that the practice itself closes for half a day once a month for staff to complete more intensive training courses and wellbeing events.

The PM told HWM that he is supportive enough towards staff, saying that he has always had a 'team first' approach. He was quoted as saying 'the team are all equal, from clinical to clerical staff'.

When asked about what he finds most difficult about his job, the PM revealed that it is hard to see staff being abused / poorly treated by patients both in person and over the phone as he knows how hard his staff work.

Conversely, when asked about what he enjoys most about his job the PM revealed that the RDP provide a substance misuse service, completely funded by the practice itself rather than the ICB. Seeing peoples live change for the better after using this service is an aspect of the job that he enjoys.

5.2 Appointments

The second section of our interview with the Practice Manager involved asking questions based on the appointment system in place at the RDP.

The PM told HWM that they do not like using the NHS App due to its poor functionality. Instead, the practice allows for patients to either complete an online form, phone the practice or submit a request at the front desk. The practice also provides a self-booking link out to patients for follow up appointments, for example after a blood test.

When asked is there any special provisions in place for people known to have difficulties such as foreign language speakers, the PM told us they offer interpreters for patients through the Silent Sounds System which is provided by the ICB.

We also asked the PM to tell us what they think works well and doesn't work well about the appointment booking system at the practice. When asked this question, the PM was confident in saying that the best thing about the appointment system is that appointments are always available due to the number of practitioner staff available. He elaborated saying that appointments are usually available to be booked throughout the day, often only being fully booked at 4pm.

On the other hand, the PM said the practice could improve their communication with patients when it comes to how to book an appointment. The RDP has many patients who have recently moved to Manchester and do not understand the health and care system or how the RDP does its appointments. As the RDP usually have a telephone consultation with patients initially, many do not understand this system and so communicating this is a challenge.

One of the biggest challenges facing the practice is their phone system. The PM told us that they are usually inundated with telephone calls making phone lines busy and often leave people on hold / waiting lists for a long time. The PM stressed that he would rather people who have access to the internet / are technologically literate use the online form to book appointments rather than telephoning the practice. This would allow for the phone lines be quieter for people who cannot use the internet or who need a translator.

5.3 Consultations

We asked the PM a set of questions about the way patients receive consultations when at the practice. The PM told us that patients have the option of choosing a consultation method (*in person, telephone, video*) and this is done when they book their appointments via the appointment form.

Similarly to the last section, we asked the PM what works well about the consultation system and what could be improved. When asked the former, the PM said that the volume of patients treated every day is a product of the system working well. They have 13 appointment slots available per

GP daily as well as having multiple other clinical staff, such as a First Contact Physiotherapist, available for appointments. Further to this, the Pm told us that the reception team are well trained in triaging patients to the correct staff to maximise the number of appointments with a GP. This means care is provided by the right person rather than inundating the GP.

On the other hand, the PM believes the consultation system could be improved by bridging the gap between those with access to technology and those without. The practice sends out a reminder text message to patients ahead of their appointment however, those who are digitally excluded do not receive this service and thus the practice needs to find a way to communicate with them better.

5.4 Feedback

We also asked the PM about what options patients have if they wanted to leave feedback regarding the experience at the RDP. He told HWM that after every consultation, patients receive an automated text asking for feedback. Moreover, he told HWM that there were friend and family test available in the waiting area - something HWM were able to locate when conducting our internal observations. Finally, the PM told us that the Communications and Engagement Manager at the practice routinely reviews and engages with the reviews left on Google.

When asked if staff are encouraged to direct patients to the complaint procedure at the practice, the PM told us receptionists encourage patients to fill out either the online or paper based complaint form in order to properly convey their issue. Receptionists will otherwise try and complete this form over the phone with the patients.

5.5 Service

Our final set of questions involved asking the staff about their understanding of numerous legal requirements the practice must conduct. The PM was able to give us full details about the Enhanced Access Service being provided at the RDP, including that they are the provider for this in their Primary Care Network(PCN) area. A further question about the practices Patient Participation Group was asked to the PM who also gave full details about this group, including meeting frequency, attendees and location. The final question in this section as about the Accessible Information Standard. The PM was aware of this standard and gave full details about how the practice supports people with sensory impairments.

6. Findings from speaking to Staff

During the visit on 29TH April 2025, we had the opportunity to interview two members of practice staff. We asked a total of 22 questions divided into the following categories: Staffing, Appointments, Consultation, Feedback, and Service.

6.1 Staffing

HWM interviewed the two members of staff at the RDP. The first section of our interviews with the staff involved asking questions about their role at the practice.

When asked how they manage their workload, the staff told HWM that they are given a rota three weeks in advance to help them prepare and manage their workload. Moreover, Staff told HWM they are encouraged to support each other and 'help each other out'. This has led to there being 'good morale' among the staff at the practice.

The staff also confirmed what the PM had said earlier in that they are given time for training each week. Staff also agreed that their manager is supportive of the staff, noting that if there is ever an aggressive situation unfolding the manager has routinely stepped in and disused the situation.

We asked the staff what they enjoy about their job and what they find the most difficult. All of the staff interviewed told HWM that they enjoyed helping people and that gave them the most enjoyment in their role.

On the other hand, one member of staff told HWM that it is difficult for them to follow due process when a patient is frustrated about something at the practice. The staff revealed that when patients cannot understand the healthcare system and policies in place at the RDP it causes anger, especially when there is a language barrier between the patients and staff.

6.2 Appointments

We asked staff about what choice patients get when booking an appointment at the practice, specifically what medium this can be completed through. Staff confirmed that patients do get a choice of appointment method, insisting that the practice do what they can for specific patients. For example, despite not being a walk in centre they do allow patients to book same day appointments by coming into the practice as they may not have access to a telephone or the internet.

We also asked what special provisions they had in place for people who have difficulties communicating. Once again, staff confirmed there was a translator service provided but also mentioned they send out letters in different languages upon request.

We asked that the staff though worked well about their appointment booking system and what didn't work well. The fact that same day, face-to-face, appointment bookings were frequently available was a continuous theme noted by staff.

Conversely, a member of staff noted that appointment bookings could be improved if patients were educated on how to use the website to book appointments, noting that the online form is difficult to use for people who are not confident in using the internet. However, it was good to hear from the staff that this is being addressed. Staff told HWM that a member of staff is being chosen for training on how to use the website, allowing allow them to teach patients.

6.3 Consultations

Part of our interview involved asking staff what they thought were the main challenges the practice faced in providing enough face-to-face appointments. Staff informed HWM despite the availability of GP's, patients sometimes may have to wait up to a week to see a specific GP.

Staff confirmed the PM's comments in that patients are addressed through telephone appointments initially and then they are seen face to face. This helps the practice to manage the manage their appointments. Staff also said that the practice can provide at home appointments when the circumstances require it.

In a similar nature to the appointment questions above, we asked staff to tell us what they thought worked well about the consultation system and what could be improved. Staff described the consultation system as 'adaptable and accessible' for patients. Staff did however mention that this system could be improved as the 'Accurx' link that is sent out to patients reminding them of an upcoming appointment does expire meaning patients who do not check their phone regularly may miss an important update from the practice.

6.4 Feedback

When asked if patients were encouraged to give feedback on their experience, staff directed towards the complaint forms available in the waiting area as well as on the website. Moreover, staff confirmed that they were given full training on how to manage a situation where someone is making a complaint.

6.5 Service

Our final set of questions involved asking the staff about their understanding of numerous legal requirements the practice must conduct. When asked about the Enhanced Access Service, staff knew what the service was but did not know that was the correct name for it, instead they called it the 'Out of hours' service. The staff also confirmed that the practice has a Patient Participation Group.

However, when asked about their knowledge and awareness of the Accessible Information Standard, the staff we interviewed did not recognise the term. When explain, members of staff were able to recognise what this involved and gave examples of ways that the practice supports people with sensory impairments.

7. Recommendations

Frontline staff should be trained to be fully understanding of what the Accessible Information Standard is and what the Enhanced Access Service is.

Signage in the practice should be improved to clarify where the designated space for a baby changing facility.

Moreover, signage in the waiting area specific where patients should sit as part of the Robert Darbishire Practice and as part of the Rusholme Heath Centre should be made clearer and obvious.

Practice staff should ensure all fire exits and doorways remain unobstructed at all times.

The practice should provide clear information to patients that documents and forms are available in different languages.

A ramp should be installed at the entrance of the Longboon and Wise pharmacy located at the Rusholme Health Centre to ensure disabled patients from the RDP and elsewhere can access this service.

Response from service provider

Healthwatch Manchester – The Robert Darbshire Practice – Enter and View Report – Practice Response

The practice prides itself in providing a high level of service and access to Primary Care to our diverse list of patients. We welcome all opportunities to gather feedback and are constantly seeking ways to improve our service. The opportunity to have Healthwatch Manchester (HWM) enter and view our service was welcomed and we are grateful for the constructive feedback we have received and will use this to improve the service we offer our patients.

The Robert Darbshire Practice is located in Rusholme Health Centre, which is a shared occupancy building. There are several other tenants of the building including Manchester Foot Hospital, Community Physiotherapy and Speech Therapy. There is also a privately operated Pharmacy at the entrance to the building. The overall responsibility for the maintenance of the site, and for the Community Reception staff, is with NHS Property Services (NHSPS). Some of the feedback in the report relates to issues that are the responsibility of the landlord or other tenants of the building, though we recognise our responsibility to liaise with our landlord to address any issues.

In response to the HWM report the practice would like to make the following comments on some of the issues identified by the visiting team:

- **Pharmacy Access Ramp**

As mentioned above, the pharmacy is privately operated. The practice is not linked to the pharmacy (other than sharing the same building). We are unable to comment about or influence the pharmacy regarding the accessibility of their service. We feel that including this information in the report may create ambiguity for patients as they may believe that it is operated by the practice.

- **External signage only in English**

The external signage for the building is provided by NHS Property Services and they assure us it meets all NHS requirements. The practice has a very diverse patient group. Most do speak English, but for those that do not, there is a very wide range of languages spoken. It would not be possible to allow for this wide range on all our signage and other information.

- **Lack of clear signage separating the waiting rooms**

There is hanging signage facing the main entrance which shows patients that the practice reception is to the left and community reception is to the right (please see attached photo – **Picture E**). This also indicates the separation of the two sides of the waiting room. Patients are also directed to the relevant waiting area after they have checked in for their appointment. Following the feedback received from the HWM team we will engage with NHSPS to review the waiting room signage to see if it can be made clearer for patients.



- **Signage for baby-change**

Following this feedback we have updated our 'General Information' notice board to give the location of the Baby Change facilities. We will also contact NHSPS and ask them to provide improved signage for the baby change facilities to make it clearer for all users of the building.

- **No posters and information packs for Advocacy Services – VoiceAbility & Coram Voice**

We are grateful for this feedback and will make sure that we source and display posters and information packs for Advocacy Services such as VoiceAbility and Coram Voice.

- **Complaints and Feedback policy only in English**

Although the practice has a diverse patient population who speak many different languages, most of our patients do speak English. Due to the number of languages our patients speak, it would not be possible to display our policies and information in all the required languages. If our patients require information in a different language we can use a telephone interpreter service. To make this clearer to our patients we will add this information to our notice boards in the waiting room and make sure all staff are aware that we can provide this service.

- **Covid information poster out of date**

As with many of the fixtures and fittings of the building, the covid information poster is the responsibility of NHSPS. We will inform them that it is out of date and ask them to update or remove it.

- **Registration information poster stating that patients need ID to register at the practice**

It is our practice policy to ask for ID when patients register with us - this is to help identify patients and check that the information provided on the registration form is correct. This can help to reduce delays when patients register at the practice and prevent duplicate NHS numbers being created for patients who are often unaware if they have been previously registered in the UK. All practice staff are aware that it is not a legal requirement to provide ID when registering at the practice and registration would not be refused. Following this feedback, our registration information sheet has been updated to tell patients that don't have ID to speak to a member of the reception team.

- **Potential issue of sensitive information being overheard in the waiting room**

The practice recognises that this could be a potential issue. To try and mitigate the risk, signage is in place at each reception window informing patients that they can move to a private area if there is sensitive information being discussed or they would prefer privacy. Our team are also trained to recognise information that could be potentially sensitive and ask patients if they would like to move to a private area. In addition to this, the practice has recently invested significant funds in an intercom system for the reception desk - previously staff and patients had to shout everything to be able to hear each other, which was considerably worse. Staff are trained to ensure the volume of the intercom system is at an appropriate level to minimise any overhearing.

- **No fire extinguisher in waiting room**

The positioning of fire safety equipment is the responsibility of NHSPS based on a risk assessment. The reason that there aren't any fire extinguishers located in the waiting room is for patient and staff safety, to ensure they cannot be used as a weapon or to cause damage.

- **Trolley blocking fire exit**

At the time of the visit one of our nursing team was completing the weekly clinic re-stock. The store cupboard is opposite the trolley in Picture D, so it is probable that the nurse was busy there and the trolley was not left unattended. However, we welcome this observation and will remind staff of the importance of not leaving anything blocking fire exits. .

- **Patient not knowing who they would see at the practice**

The practice operates a same day appointment service. The first stage of any appointment is a telephone call with one of our clinicians, where the clinician will introduce themselves. If a clinician decides that they would like to see a patient face-to-face they will arrange this with the patient. After arranging the appointment, the clinician should send the patient a text message confirming the appointment so patients should be aware of who they are seeing. Following this feedback, we will make sure that we remind our clinical teams of the importance of following this process to reduce the chance of this happening again. If they are unable to text a patient, they should make sure that the patient understands who they will be seeing. Patients attending Nurse and Healthcare Assistant appointments may not be aware which clinician they are seeing due to the nature and volume of the service provided by these clinicians.

- **Online form taking a long time to do**

If a patient calls the practice, the member of the reception team that they speak to completes the same form that the patient would complete online, so the amount of time taken would be very similar. As there is usually an unavoidable wait to speak to a receptionist on the phone, filling a form in online should be the fastest way for most of our patients to request an appointment, as this completely avoids any phone queue. If more of our patients that have the ability to use our online form used this system, it would help free up phone lines for our patients that cannot access our online appointment system. This feedback is useful to us as it demonstrates that we can do more to communicate the reason that people should access our services online if they can.

- **Patients waiting 30 minutes for appointment in waiting room**

We appreciate that it can be frustrating when appointments are delayed and that this can significantly impact our patients. Unfortunately, due to the nature of our service, there may be unexpected delays when our clinicians deal with emergencies or if they need to spend additional time with a patient due to their medical needs. We try to keep patients informed of any delays to their clinician's schedule and would always try to accommodate reorganising a patient's appointment if they could not wait.

- **Staff not knowing the correct name of the Enhanced Access Service**

We are grateful for this feedback as we constantly look for areas where our team need further training. We will make sure that the reception team are aware of the correct terminology for the Enhanced Access Service.

- **Staff not recognising the term Accessible Information Standard**

As above, this feedback is well received and we will make sure that staff are aware of this standard. However, we feel it is positive that they understood the requirements and the additional adjustments that we are required to provide for our patients.

We welcome the feedback received from HWM following their Enter and View visit at The Robert Darbishire Practice. The team conducted themselves in a professional way throughout the visit and had no impact on our service delivery. We will act on the recommendations raised in the report to further improve the service that we deliver to our patients.

Acknowledgements

HWM would like to thank the service provider, service users and staff for their contribution to the Enter and View programme.

HWM would like to thank Healthwatch Tower Hamlets and Healthwatch Lancashire for their support in the planning of this project.



First Floor, Railway Cottage
33a Collier Street
Manchester
M3 4NA

0161 228 1344

info@healthwatchmanchester.co.uk

www.healthwatchmanchester.co.uk

Company Limited by Guarantee registered in England No. 8465025

Registered Charity No. 1179089