



Enter & View

Bosvena Health

Contents

1	Introduction	2
2	What is Enter and View?	3
3	Findings	5
4	Recommendations	8
5	Provider Response	9

1 Introduction

1.1 Details of visit

Service provider	Bosvena Health (Carnewater Building)
Service Address	Dennison Rd, Bodmin PL31 2LB
Date and time	18 th of November 2024 9am-12pm
Authorised representatives	Abi Harding-White

1.2 Acknowledgements

Healthwatch Cornwall would like to thank patients and staff for their positive contribution to this Enter and View visit and the subsequent report.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date above and is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed at the time of the visit.

2 What is Enter and View?

As a local Healthwatch we are authorised to “Enter and View” health and social care services through the following legislation;

- Local Government and Public Involvement in Health Act 2007
- Local Authorities Regulations 2013 (part 4)

These services can include hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies.

The goal of Enter and View is to see services in action and understand the experiences of individuals who use them. It is an opportunity for us to observe service delivery, listen to the views of the people using health and social care services and make recommendations where there are areas for improvement.

Enter and View visits are organised based on feedback received about individual services, in response to themes identified in our research, or when services have a good reputation enabling us to share examples of best practice from the perspective of people who experience the service first-hand.

Healthwatch Cornwall Enter and Views 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. If at any time an authorised representative observes anything that they feel uncomfortable about they inform their lead who will inform the service manager, ending the visit.

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

2.1 Purpose of visit

- To observe the nature and quality of service facilities
- To observe how people experience the service
- To gather views from patients and staff on the service
- To learn about the provision of mental health services in primary care if possible

2.2 Strategic drivers

Healthwatch Cornwall is an independent organisation committed to amplifying the voices of Cornwall's residents in the planning and delivery of health and social care services. Through public engagement, we gather their views and experiences with these services. We ensure these perspectives are represented in decision-making processes both locally and nationally, driven by the belief that community feedback is vital to improving standards of care.

This phase of Enter and View visits was initiated in response to feedback from service users of GP practices across Cornwall. Our goal was to observe these services in action and hear directly from patients about their experiences. Where possible, these visits also aimed to explore mental health service provision in primary care, contributing to our broader research on access to mental health care in the region.

2.3 Methodology

This was an announced visit, and we worked with the practice to organise the date and time of the visit. We sent an initial email explaining the role of Healthwatch Cornwall, what Enter and View is, the purpose of the visit, and a proposed date and time for the visit to take place. We sent a further email confirming the agreed details of the visit and included a formal letter, Enter and View notice and a general Healthwatch Cornwall poster.

The Enter and View officer conducted the visit between 9am and 12pm in the main waiting area. When engaging with patients, the authorised representative began by introducing themselves and explaining their role. They then asked if the patient would be willing to share their experiences of the practice, ensuring that any feedback provided would remain anonymous in the subsequent report.

In addition, we were able to speak with the strategic manager, a member of the patient participation group (PPG), a mental health practitioner and the social prescribing team. We made observations regarding the quality of the facilities and patient experience of the service, including their interactions with staff.

At the end of the visit, we were able to give initial feedback to management and explained the next steps regarding reporting.

3 Findings

3.1 Overview

Bosvena Health operates across three sites. Carnewater Building for acute care, Stillmoor House for long term conditions and a branch surgery in Polyphant. The visit was conducted at Carnewater Building.

The practice has around 24,000 patients and operates a triage system to prioritise care for patients. Patients are triaged by a practitioner that is familiar with their medical history where possible. To access appointments, patients must use the online Klinik system, however, a receptionist can assist them to do this over the phone if required.

3.2 Practice Observations

The practice is in the centre of Bodmin and a short walk from the high street. There is a small car park to the rear of the building for staff and a pay and display car park across the road from this. There is limited street parking in the immediate area.

The building is fully accessible for wheelchair users and has two entrances. One is off the main road with step free access to the waiting area and the other at a lower level behind the practice with a large lift available for patient use. The waiting room is spacious and there is a hearing loop available which is clearly labelled at reception.

Informative posters around the waiting room included direct contact information for the social prescribing team, community signposting, safeguarding information and contact information for the patient participation group.

It was noted that the receptionist was friendly and direct when interacting with patients, providing clear information. Clinicians personally came to the waiting area to collect patients in a timely manner.

3.3 Summary of Feedback

Patient feedback indicated that overall, there is good access to appointments, and the practice communicates effectively with its patients. However, some concerns were raised about communication with secondary care providers and the nature of mental health support within the practice.

We were able to speak with a member of the patient participation group, the strategic manager, a mental health practitioner and the social prescribing team. These conversations provided insights into the practice's strengths and challenges, as well as how the practice provides mental health support for patients.

3.4 Patient Feedback

We heard from seven patients about their experiences with the practice. Of those from whom we were able to gather demographic information, three identified as female and two as male. All of them were white British. The largest age groups were 25 – 49 and 50 – 64, with two patients in each, followed by 65 – 79 with one patient.

Over half the patients rated their overall experience with the practice as positive with five patients expressing a positive opinion of the quality of and access to care. One patient expressed how friendly and helpful the practice team are, however, another had concerns about the bedside manner of some clinicians. Communication was again rated as good by half the patients spoken to with one stating they received regular texts and newsletters, and the website was kept up to date.

Patients generally expressed satisfaction with the Klinik system and the practice's appointment process, though experiences varied slightly. One patient, not a regular attendee, found Klinik easy to use and received a same-day callback and appointment. Another patient also praised Klinik for its ease of use, noting that the practice responded promptly. However, one patient mentioned a two-and-a-half-week wait to see a specific doctor they considered more empathetic, although they were seen by a different doctor that day to receive an appointment sooner. On the other hand, another patient reported waiting no more than two days for an appointment and receiving a response within 45 minutes of submitting a Klinik form. Additionally, a patient shared their quick experience of being called within two hours of submitting the form, with the appointment scheduled just an hour after the call. One patient shared that they found it difficult to use Klinik.

There was some feedback regarding the referral process to secondary care. One patient felt that communication between the GP practice and hospitals could be improved, although they described communication between the practice and themselves as good. Another patient reported being referred to Treliske in December 2023 but had received no updates and had returned to see the doctor again. Additionally, one patient highlighted a four-year wait for a hospital appointment, citing a significant lack of communication. On the other hand, a different patient mentioned never experiencing any issues with referrals. Finally, one patient noted waiting six months for counselling following their initial assessment. This same patient expressed that their mental health had been affected by how they felt they were treated at the practice.

Regarding mental health support, one patient felt that the professional they saw was not familiar with the type of medication they had been prescribed and believed that the approach was to prescribe more medication, despite being in recovery from substance use and their personal desire to be taking less medication. During the visit, another patient undergoing cancer treatment was encouraged to discuss mental health support with their doctor. The patient had been considering it, initially feeling confident in their ability to cope, but was reluctant to seek help, believing they should manage on their own.

A couple of patients commented on the impact of the cost of living on access to healthcare. While one felt fortunate not to be heavily affected by the cost of living, they understand how it can be challenging for others. The other patient noted that the rising cost of transport, along with its unreliability, is becoming an issue as they do not drive.

Other concerns:

- One patient expressed concern about being unable to find a recent CQC report for Bosvena Health. The last report available is for Carnewater Practice in 2022, however, there has not been a CQC inspection since the practice merged with Stillmoor House later the same year.
- A patient mentioned that the layout of the waiting room allows patients to see everyone coming and going, which reduces privacy, particularly when patients are upset.
- One patient felt that the practice's facilities require updating.
- Another patient expressed concern about not receiving a response after writing at length to the practice regarding their care.

3.5 Staff Feedback

Highlighting their strengths, the practice feels confident that their care homes are well supported, and they are actively involved in community work. Patients can see a clinician on the same day if needed. Additionally, they operate a branch surgery in Polyphant five mornings a week and provide excellent management of long-term conditions.

In terms of the challenges the practice faces, continuity of care is difficult to achieve consistently, but a new model has been implemented where patients can be triaged by someone familiar with their history. Currently, community pharmacies are limited, with only two in operation and one closing at lunchtime, and neither currently accept referrals for minor conditions. The area also has a higher number of care homes, which can impact the availability of resources for other patients. Funding presents a challenge, as it is a deprived area with most of the budget already allocated to staffing, and a continued need for more staff. The practice currently receives approximately 100 new patients per week due to building development in the area. However, even if funding for additional staff was available, there is no space to accommodate them. Additionally, the new budget increasing national insurance contributions for employers will cost the practice roughly an additional £100,000 per year.

A member of the patient group shared that the most consistent feedback the group receives relates to the challenges patients face in booking appointments, the usability of the online Klinik system, and issues with continuity of care. The way they represented the patient group demonstrated care and an active involvement with the practice.

The practice has a mental health team that handles 15-20 calls daily, conducts annual patient reviews, and assesses and directs patients to appropriate services. The team holds monthly meetings to review cases with a psychiatrist, who also runs five clinics per month, helping to

reduce the need for referrals to the community mental health team. However, a gap between primary and secondary care, combined with long waiting lists, often results in referred patients returning to primary care. Some patients also fall short of meeting the criteria for support from certain services. The team works closely with the social prescribing team to ensure patient needs are met.

The social prescribing team works with patients to get them the support they need including signposting and referring them to relevant organisations. They contact most individuals within two weeks and the team does not currently have a waiting list. Patients can speak with someone over the phone, at the surgery or at home depending on their needs.

The team has found that mental wellbeing is often affected by challenges such as financial difficulties, deprivation, and social isolation. They regularly refer individuals to food banks and support patients in completing applications for attendance allowance and personal independence payments. They keep track of patients until they have received the necessary support and, in some cases, continue to check on individuals they are not actively working with to ensure their wellbeing. There is a strong network of community organisations in the area that the team works closely with, and they collaborate with community wellbeing workers who provide tailored support to individuals and families for up to five years. The team also supports with safeguarding referrals and care packages.

4 Recommendations

The visit was overall a positive one and Healthwatch Cornwall have offered some recommendations based on observations and feedback from patients.

- Patient feedback indicates a potential communication gap between primary and secondary care. This lack of communication, regarding confirmation that their referral has been processed, is causing patient uncertainty and prompting return visits to primary care for clarification and reassurance. It may be beneficial to liaise with secondary care professionals to address this issue and identify at what point in the process improvements could be made.
- Review written materials, such as leaflets and posters, to ensure they are available in Easy Read formats where necessary.
- To increase positive patient engagement and understanding, develop methods to educate patients about how the service operates. For example, create an e-booklet for patients to refer to. This could include information on the triage and referral processes, how to use Klinik effectively, and ways to support the practice, such as reducing last-minute cancellations and minimising medication waste.
- Staff feedback highlighted the significant demand on mental health services, particularly the high caseload of the community team and the limited availability of additional resources beyond medication. However, patient feedback suggested that

reviewing how person-centred care is delivered could be beneficial, emphasising the importance of working collaboratively with patients to ensure they receive mental health support that best meets their individual needs.

- If not already being done, proactively check on the mental health of patients with complex and challenging diagnoses as patients may be reluctant to bring it up themselves. These conditions can be distressing and have a significant impact on their emotional well-being and mindset during treatment. They may need guidance towards appropriate services and relevant support groups.
- Ensure patients have accessible ways to provide feedback on their care experiences at the practice, both positive and negative, separate from the formal complaints process. This approach could strengthen patient-practice relationships, identify areas for continuous improvement, and highlight examples of good practice for practitioners.

5 Provider Response

We would like to take the opportunity of thanking Healthwatch for sharing this report and for the supportive nature of the visit. We have reviewed and reflected on the findings and would consider much of the summary to be a true reflection of current general practice, which in turn aligns to our experience in Bodmin (Bosvena Health).

In relation to the recommendations above we would like to add some context and thoughts about these and list them in number order following the list above.

1. We understand the frustrations shared by patients in relation to communication between primary and secondary care and emphasise that this can be a challenge for clinicians working within the practice daily, particularly in relation to referral pathways and waiting times. It can be difficult to know where patients are sat in what can seem an extremely complex process. This is acknowledged and reflected in national work by NHS England on The Backlog Recovery Plan, published one year ago, as waiting lists had surged following the onset of the pandemic. Since then, as widely expected, waiting lists for NHS treatment in England have continued to grow, increasing by around 1 million between February and November 2022 to just shy of 7.2 million incomplete treatment pathways, with some waiting lists remaining over two years – please see: [NHS England » Major plan to cut waiting lists will see millions receive faster diagnosis and treatment](#)

Some of this work has been helpful, but we acknowledge that patients often do not receive correspondence to inform them of the stages of their referral pathway, and there is still more work to be done.

We are actively encouraging patients to access the NHS App if possible as this is great resource with a joined-up approach, allowing patients to see their referral information, with a link to hospital waiting lists, and appointments, which can minimise some of these issues.

We do of course acknowledge that not all patients have digital access and, in these circumstances, our medical secretarial team, alongside our clinicians are happy to support and inform patients to the best of our ability.

2. Written materials are often supplied from NHS England central supplies and are provided in Easy Read formats; however, we acknowledge that we should consider this approach for all leaflets and posters, and we will endeavour to achieve this wherever possible. We would encourage any patient that has a specific issue with any written materials or information to inform a member of staff, and we will try our best to obtain an appropriate version to meet the individual patient's needs.
3. We appreciate that healthcare systems can be complex and often things change, and it can be difficult to navigate through the services available. We have previously created a campaign following the 'switch' to Klinik as our triage system and some of the materials are included below:



**Contact us
online**

You can submit any medical enquiry through your GP practice website at a time that suits you.

www.bosvenahealth.co.uk

**KLINIK
ACCESS**

NHS



The Klinik Form is open daily from 8am

This allows us time to process all of the Klinik Forms on the day they are received

'Wait times on the phones can be up to half an hour! Completing the Klinik Form online will take you 5-10 minutes and you can avoid queue!'

Who We Are

About Us

Stillmoor House
Bell Lane
Bodmin
PL31 2JJ

Carnewater Medical Practice
Dennison Road
Bodmin
PL31 2LB



KLINIK
HEALTHCARE
SOLUTIONS



BOSVENA
HEALTH

Using Klinik to
Contact Us



Need an Appointment or Health Advice?

We know that the traditional way of contacting your GP Practice has been over the telephone, and we know that implementing a change can often cause anxiety and uncertainty.

So why are we doing this?

Often a patient's first thought is that they 'need to see a doctor'. In practice, however, this is not always the case. Sometimes a Physiotherapist may be better placed to help you, or a Nurse Practitioner may be able to resolve your issue... by just booking you in to see a doctor we are wasting your time, and those of our GPs.

To make sure we get it right, first time, we need a bit more information, and that's where Klinik comes in!

What is Klinik?

Klinik is an online form which captures all of the information we need about your needs, to ensure you get to the right place, first time!

"I can't believe how quickly I got a response after completing my Klinik Form!"

- a patient

The Patient Advisor Team

The Patient Advisor Team is still here to help you and point you in the right direction, so you get the right care, when it's needed, first time.

We do understand that not everyone has access to the internet, and some may lack the IT skills to use our online forms.

So we can be here for these patients, it is a great help to us, that those patients who can use the Klinik system, do use the system. The feedback from the use of Klinik has been really positive, so please give it a try!

If you CAN use the Klinik Form please DO use the Klinik Form – Thank you!

How do I use Klinik?

Step 1

Visit: <https://bosvenahealth.co.uk/>

Step 2

Select the Klinik Form 'START HERE!'

Step 3

Press continue, or log in IF you have an NHS Login

Step 4

Select the most appropriate option

PLEASE CLICK 'CONTINUE' WHEN IT APPEARS

Step 5

You should now be able to work your way through the form, filling in as much detail as possible

Step 6

Please ensure you press 'submit'

Your form will be reviewed within 24 hours

There is also a visual guide which displays in our waiting rooms.

4. We understand that patients may experience mental health issues, and these can be difficult to manage without support. Our team within the practice is there to help and support patients and we have Mental Health Practitioners working daily to assist with patient needs. We know that access to care from our community colleagues for some mental health conditions can be challenging, but we are here to listen and support whilst patients are waiting to be seen.

We will always try to make care as person-centred as possible and we have an extended support network that includes social prescribers,

care co-ordinators and community health and wellbeing teams who can work with individuals or groups to reflect 'what matters to them' and how this can be supported and encouraged alongside traditional medication if appropriate.

We are also working closely with community groups and voluntary sector organisations to provide some holistic support for people and encourage everyone to access opportunities within our community which may help their mental health and wellbeing.

5. As part of an annual holistic review of patients with complex or challenging diagnoses our clinical teams will ask patients about their mental health and wellbeing as standard. There are various support groups that can help and support people and these can be face-to-face, on-line or virtual / telephone to meet individual needs.

Through our work with our community partners and the voluntary sector we have a widening resource for people to access and we are happy to guide patients, through our social prescribing team and other link worker teams, to activities and resources that may best meet their needs.

6. We welcome feedback from all our registered patients, often patients do not wish to formally complain but may wish to provide some feedback which may be positive or negative, and we provide opportunities to do this through our practice website www.bosvenahealth.co.uk, and our Patient Group with details on our website and via their Facebook page <https://www.facebook.com/BosvenaHealth/posts/the-bosvena-health-patient-participation-group-ppg-is-up-and-running-the-group-m/847617620711343/>

Patients without digital access can also write or visit the practice and share their feedback with any staff member on site.

We regularly review the feedback we receive and use this to facilitate staff training and development; it is also always good to share feedback for staff members when a patient has passed on their thanks.

We welcome this visit from Healthwatch and thank them and their team for their approach to supporting and improving healthcare for all. We also reiterate that as Bosvena Health we have been on a fast-track journey since our merger in July 2022 and whilst things may not always be perfect, we are an open, learning organisation who values feedback and support from our patients, our Patient Participation Group, and all our community organisations as a whole.

Contact us:

Healthwatch Cornwall, Suite 1, Calenick House, Heron Way, Newham, Truro, Cornwall, TR1 2XN

 0800 038 1281

 enquires@healthwatchcornwall.co.uk

 healthwatchcornwall.co.uk

 @HWCornwall

 @healthwatchcornwall