



Enter & View

Pool Health Centre, Carn to Coast

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1 Introduction

1.1 Details of visit

Service provider	Pool Health Centre (Carn to Coast Health Centres)
Service Address	Station Rd, Pool, Redruth TR15 3DU
Date and time	5 th of November 2024 1pm – 4pm
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. An initial email was sent 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. A further email was sent 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 1pm and 4pm 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 managing partner, the mental health lead and the social prescribing team. Observations were made 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

Carn to Coast Health Centres operate as one practice with four surgery sites as the result of a merger in 2015 between Pool Health Centre and Homecroft Surgery, including their branch site

in St Day, and a further merger in 2018 with Trevithick Surgery. This visit was conducted at Pool Health Centre.

Overall, the practice has around 30,000 patients and operates a triage system to prioritise care for the most unwell patients. To access appointments, patients must use the online Klinik system, however, a receptionist can assist them to do this over the phone if required.

The triage system then allocates appointments by same-day bookings, pre-booked slots and a new 'sit and wait' system, which allows patients to see a doctor on the same day within a certain time frame but without a specific appointment time. In addition, patients can see a doctor at any of the surgery sites where availability allows.

3.2 Practice Observations

The practice is centrally located in Pool with bus stops directly outside the practice. There is a carpark with two disabled bays and space for around twenty other vehicles. The carpark was busy throughout the visit, however, there is street parking available nearby.

The building is fully accessible for wheelchair users, with a ramp leading to automatic doors, step-free access throughout, and a disabled toilet that includes baby-changing facilities. The waiting room is spacious, tidy, and features a few higher chairs to accommodate individuals with mobility needs.

Although a hearing loop is available, the sign showing its availability was positioned in a booth designed for private conversations with receptionists, making it less visible to patients at the main reception desk.

There were plenty of informative posters in the foyer of the practice and it appeared that multiple copies of important notices were scattered around the waiting area to ensure they were seen by all patients. Feedback forms were prominently displayed at the reception desk. The practice provided clear information for patients on how to report safeguarding concerns and how to provide feedback to the practice.

Patients were attempting to use the sign-in screen, which was well-placed and clearly marked, however, they were also checking in with the receptionists and patient feedback indicated that the screen may not have been working correctly.

Receptionists were observed to be friendly, helpful and discreet when speaking with patients. Clinicians warmly greeted and collected patients for their appointments, and it was noted that they did not rush patients to and from their appointments. The atmosphere was calm and notably very quiet. When a patient asked if there was a water machine available, the receptionist promptly provided them with a cup of water.

3.3 Summary of Feedback

Patient feedback highlighted a positive recognition of the practice team, and an overall understanding of the care provided and related challenges. However, it also pointed to areas

for improvement in communication, both between the practice and patients, and between primary and secondary care. Three patients shared specific stories about their experiences, illustrating the need for better communication in these areas.

We had the opportunity to discuss mental health provision with the Mental Health Lead and the social prescribing team. These conversations highlighted both their strengths and challenges, as well as potential solutions to improve services which could have wide reaching impact for the local community.

3.4 Patient Feedback

We were able to hear from thirteen patients about their experiences. Of those from who we were able to gather demographic information, four identified as male and nine as female. Nine patients were white British and three were white Cornish. The largest age group was 25-49, with four patients, followed by 65-79 with three patients, one patient aged 50-64, and one patient over 80.



“My doctor is good as gold.”



Five patients were seen on the same day they requested an appointment, with one receiving a call just 30 minutes after completing the Klinik form. Three patients attended the "sit and wait" clinic, experiencing different wait times in the practice: one waited 45 minutes, while two waited 20 minutes. One patient misunderstood their status, believing they had a scheduled appointment time rather than being part of the "sit and wait" system. Another patient reported having to call five days after submitting the Klinik form to follow up. Patients also described varying wait times for appointments: one waited three weeks, another ten days, and a third two weeks, with the latter acknowledging the delay was reasonable as it wasn't an emergency.

Two patients expressed that the Klinik form needed to be filled out in a specific way to ensure they were seen. Only one patient noted that the form was time-consuming to complete. However, they mentioned that reception staff are willing to assist with the form if contacted by phone. Unfortunately, reaching the reception can involve long wait times. Two patients reported receiving a call from the practice very soon after submitting the form. However, one of these patients noted a discrepancy, stating that while the practice responded quickly when the form was for their child, they had not called promptly when they submitted a form for themselves. However, it must be noted we do not have information on how these patients were individually triaged. Additionally, the patient felt the form was limiting as it only addressed certain aspects of the presenting issue.

A couple of patients felt that the overall experience with the practice, particularly around the ability to book appointments, has declined since the merger and the Covid-19 pandemic.

Three patients shared specific challenging experiences regarding the care they received at the practice.

- A patient shared their experience of a challenging healthcare journey following a medical procedure three years ago. During this time they felt dismissed by doctors despite experiencing symptoms of an undiagnosed complication. The issue was only identified after multiple hospital admissions, requiring them to strongly advocate for themselves. They recounted feeling belittled by a doctor at the practice, who attributed their concerns to mental health issues. The patient expressed they now feel they are perceived as "difficult" for asking questions and requesting to see their test results. As a result of the complications, they require ongoing care and while doctors often reassure them that their results are "fine," doctors seem to confirm otherwise only after the patient insists on clarification.
- One patient shared that the practice is good with their children. However, as an adult, they think the care process progresses to a certain point before being left incomplete. They mentioned having a scan without any follow-up and described mental health support as inadequate, having received little assistance when they wanted to taper down medication and so they are still taking it.
- A patient reported being spoken to poorly by a nurse practitioner, who stated she wouldn't conduct an examination and then informed the patient that their blood test results indicated a chronic condition. The way this news was delivered caused significant anxiety and fear. This experience left the patient feeling the need for reassurance during interactions with doctors going forwards. Although no formal complaint was made, the issue was resolved by a GP who, during a call for an unrelated matter, listened to the patient's concerns and arranged an appointment for the next day. The patient praised the GP for being thorough and could not fault their care. However, they highlighted a lack of continuity in care overall.

Patient feedback is kept anonymous unless there is a safeguarding concern. Therefore, these patients were strongly encouraged to speak directly with the Patient Liaison Officer and practice management about their issues, as these concerns had not been raised with the practice at the time of the visit and the practice expressed a willingness to learn from this feedback to improve patient care.

The feedback suggests a theme where some patients feel unheard by clinicians or find communication to be inadequate at times. Additionally, a patient felt that a doctor was dismissive of their diagnosed condition, and another patient thought a doctor attributed all medical issues to the patient's weight. However, both patients noted that either they no longer see those doctors, or they are no longer working at the practice.



“Paramedics and diabetic nurse are first class”



Eleven patients highlighted various team members for their excellent service and care.

- Two patients praised the diabetic nurse.
- One patient commended the paramedics.
- Three patients appreciated the reception team.
- Two patients acknowledged the overall staff team.
- One patient mentioned the district nurses.
- Two patients expressed satisfaction with their doctor.

Five patients expressed praise for the practice and showed understanding of the challenges currently faced by GP practices.

- Though it was acknowledged that getting an appointment can be difficult, the patient expressed that they understood the realities of accessing care currently.
- Another patient shared that they have never had a bad experience, recognising the strain on the system: "No doctor is sitting there twiddling their thumbs. The practice is under-resourced and over-subscribed but sees as many people as they can. The issues have been pushed back on GPs, but they need more funding."
- A patient with routine appointments noted a smooth experience, explaining they contact the practice a month in advance if they haven't heard back about their next booking and it's resolved straight away.
- Accessibility was highlighted positively by a patient who came on a mobility scooter, mentioning that this site offers better accessibility. They also noted that when they've needed to see someone, they've always been able to and have never had a problem.
- The triage system was thought to be working well by one patient and there was the understanding that patients will be seen promptly if it is urgent.



“Reception are excellent. However busy they are, they will make the time.”



Other constructive feedback from patients include:

- Reports of frequent malfunctioning of the sign-in screen
- The lack of entertainment for children
- A suggestion for a water machine. However, as noted above, it was observed that water was promptly provided by reception to a different patient when requested.

3.5 Staff Feedback

The practice employs two mental health practitioners for 30,000 patients which can pose challenges, however, they ensure they see the most unwell and do the best with the resources they have. Every fortnight the practitioners meet with the community mental health team to discuss cases, ensuring no one falls through the cracks. In addition, the practice has a team of three social prescribers. They work collaboratively with the mental health practitioners and manage to contact patients within a couple of weeks, working with them as long as needed for them to receive the support required. While they do refer within Cornwall, services can be out of the local area, but they find many patients can't access support further afield due to financial constraints. They may be referred to national organisations in addition to local ones. Despite the challenges, the team finds their work highly rewarding and takes pride in doing a good job and caring for their patients.

Challenges

- The mental health team sense that more tasks are being shifted from hospitals and schools onto primary care, further increasing the workload and pressure on GP practices.
- The practice has seen an increase in aggression from patients seeking care and the media often exacerbates challenges by portraying GP practices in a negative light, which can contribute to misunderstandings and unrealistic expectations among the public.
- The practice serves one of the most deprived areas in the country, where patient needs are exceptionally high, yet support provision is limited. The area receives some of the lowest funding nationally relative to the population size and its significant needs.
- The local population experiences social problems resulting in a higher proportion of poor mental health. The practice supports many patients that have experienced trauma, abuse, poverty, self-neglect, safeguarding issues, social isolation and unemployment. In addition, these same patients are often unwell physically.
- With the lack of funding there are very limited mental health resources available for the team to refer patients to and key mental health support providers. The recent closure of a local women's mental health group and a local walking group has had an impact on the team. Additionally, referral criteria are often restrictive. For example, patients must be overweight to qualify for some swimming groups.

Solutions

- The mental health practitioners are eager to open a dedicated mental health hub, centralising care and collaborating with secondary care services to improve support for those in need.
- Similarly, the social prescribing team aspire to see a local centre established, like the Dracaena Centre in Falmouth, to better support the community. Additionally, they would like to see initiatives at Heartlands which focus on community well-being and for there to be more resources available for referrals.

4 Recommendations

Overall, the visit was positive and Healthwatch Cornwall have offered some recommendations based on observations and feedback from patients

- Place the hearing loop sign in a more prominent position for patients to see.
- Ensure the sign-in screen is functioning properly to improve efficiency.
- Feedback from patients indicated a need for improved communication with patients.
 - Informing patients how they have been prioritised in the triage system may improve understanding and ease anxiety around wait times.
 - At times, patients feel unheard by clinicians, leading to misunderstandings.
- Two pieces of feedback regarding post-natal care and the lack of follow-up after a scan suggest potential communication issues between primary and secondary care, particularly regarding the information secondary care services provide to primary care about their patients. This gap in communication could affect the ability to learn from patient experiences and improve the care provided.
- The withdrawal of funding from community-based organisations in an area with significant mental health needs is impacting primary care services' ability to provide effective mental health support. Extending the funding of local groups could help maintain vital community resources, while establishing a dedicated mental health centre could offer a centralised and comprehensive approach to better serve the local community's needs.
- Review written materials, such as leaflets and posters, to ensure they are available in Easy Read formats.

5 Provider Response

We welcome the opportunity to comment on this draft report providing valuable insight and feedback from those patients to whom the Healthwatch representative was able to speak during the visit. We are grateful for the many positive comments shared and were sorry to hear of some patient concerns which we would be keen to investigate. We reiterate the advice given by the healthwatch representative to please contact our Patient Advice and Liaison Officer (carntocoast.c2c.pals@nhs.net) so that we may investigate and respond appropriately to the patient(s) concerned, learning from any lessons identified as a result.

We have reviewed the recommendations at section 4 above and would offer the following comments:

Hearing loop sign	Thank you for highlighting this which will certainly be rectified.
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<p>Sign-in (check-in) screen</p>	<p>We are unaware of any malfunctioning of the check-in screen as this has not been reported by staff or patients and was functioning on the day of the visit. We apologise if there have been malfunctions of which we are unaware. Our reception team do usually keep an eye on the screen and we will remind them of the importance of making regular checks throughout the day. Should there be a malfunction we would appreciate patients making this known to reception.</p> <p>We would add that the screen is programmed to <u>not</u> allow self check-in for patients who are late for their appointment – displaying a message to direct the patient to speak to the receptionist who will need to confirm whether the clinician is still available to consult with the patient. It is possible some patients are perceiving this as a 'malfunction'.</p>
<p>Communication with patients:-</p> <ul style="list-style-type: none"> • Informing patients of triage priority: • Being heard by clinicians: 	<p>We do already do this, usually by text, advising the patient of the likely timeframe for their appointment request. If the patient does not have a mobile phone we telephone. We apologise if there have been instances where this has not happened and would be pleased to investigate further if patients make us aware.</p> <p>We agree it is vitally important that patients feel heard when consulting with clinicians, enabling them to fully explore all patient concerns. We would welcome details from these patients to enable us to investigate further.</p>
<p>Primary and Secondary care communication concerns</p>	<p>We completely agree that communication is vitally important. Where we are made aware of such instances, we investigate these as part of our governance processes, discussing particular cases and any emerging learning themes as a practice, as well as feeding back to other healthcare organisations.</p>
<p>Community-based organisation funding</p>	<p>We welcome and support this finding and hope that improved funding can be found to protect existing community resources from further closures <u>and</u> expand them to meet the needs of our population.</p>

<p>Easy-read leaflets and posters</p>	<p>Thank you for flagging this issue – we will review our physical signage with this very much in mind. Predominantly, we endeavour to avoid the use of physical posters and leaflets wherever possible, recognising the challenges of making the information clear, current and accessible for all. Our communications are predominantly shared via in-practice TV screens, our facebook page and our website which is configured in a way that should enable users to:</p> <ul style="list-style-type: none"> • Change colours, contrast levels and fonts • Zoom in up to 400% without text spilling off the screen • Navigate the website using just a keyboard • Navigate the website using speech recognition software • Listen to most of the website using a screen reader (including the most recent versions of JAWS, NVDA and VoiceOver) <p>More information on this can be found on our website Carncoast.co.uk by searching “accessibility”</p>
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<p>Waiting room facilities</p>	<p>We noted the additional comments about the possible provision of toys and drinking water in our waiting room. Unfortunately, while toys can be a positive addition to a waiting room, practices must ensure they adhere to hygiene and safety standards as part of their overall care quality and so are required to have regular, evidenced cleaning regimes throughout the day, to avoid the spread of infection. We regretfully do not have the resources to divert to a cleaning regime that would meet regulations. We know that many parents bring a few toys of their own to keep their little ones amused which is welcomed and appreciated. Water machines are unfortunately also a cost that we have felt we cannot conscientiously prioritise given our significant financial and staffing pressures.</p>
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We thank the Healthwatch representative for their responsive and collaborate approach before, during and after the visit to our practice and look forward to receiving a copy of this report when finalised in due course. This will be shared widely with the entire practice team, and all findings and recommendations discussed at the next available practice governance meeting.

Contact us:

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