



Enter & View

St Columb Major

Petroc Group Practice

healthwatch
Cornwall

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1 Introduction

1.1 Details of visit

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| Service provider | Petroc Group Practice (St Columb Major) |
| Service Address | Trekenning Road, St. Columb Major, TR9 6RS |
| Date and time | 6 th December 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. 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 1pm and 4pm in the main waiting area. The authorised representatives approached patients, 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 practice manager and a member of the Patient Participation Group (PPG). We also 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

Petroc Group Practice operates two main GP surgeries in Padstow and St Columb Major, with two branch sites at St Merryn and St Columb Road. This visit took place at St Columb Major. Overall, the practice has around 16500 patients and uses a total triage model. Patients can access appointments through the online Klinik system or by phoning the practice if necessary.

3.2 Practice Observations

The practice is close to bus routes and has an on-site car park, with additional street parking available on nearby residential roads. A dispensary is also operated on-site.

The building is fully accessible, with step-free access throughout as it is all on the ground level. However, the doors are not automatic. A hearing loop is available, and there is a check-in screen for patient use.

It was identified during the visit that no safeguarding information was available to patients. This was rectified during the visit, displaying posters in the waiting room with guidance for patients on where to go if they have concerns. The practice had ample community signposting for wellbeing groups, and a display screen offered additional information for patients. However, feedback methods or complaints procedures were not obviously visible.

It was observed that queues formed quickly at both reception and the dispensary, leading to congestion in the area at times. Additionally, patients were queuing at reception instead of using the check-in screen, which they walked past as it was positioned directly next to the door. The placement of the check-in screen also caused patients using it to obstruct the entrance to the reception area.

Receptionists were generally polite and helpful to patients and effectively managed a situation involving a dissatisfied patient. However, it was noted that this observation does not fully align with some of the feedback received by both patients and a member of the Patient Participation Group (PPG).

3.3 Summary of Feedback

Patient feedback highlighted themes around experiences with staff, access to appointments, the triage process and communication with secondary care. While doctors were generally praised, there were concerns about the difficulty in securing appointments, how medical concerns are assessed and some interactions with both clinical and non-clinical staff.

Management feedback highlighted the practice's strengths in its diverse roles and initiatives to improve patient experience like social prescribing walks, a patient booklet, and a new phone system. However, challenges include patient expectations and high appointment demand. A member of the PPG also noted difficulties in getting appointments, busy reception area, customer service at reception, and early Klinik shutdowns.

3.4 Patient Feedback

We gathered feedback from nine patients about their experiences with the practice. Of those who shared demographic information, seven identified as female and two as male. In terms of ethnicity, six identified as White British and three as White Cornish. The largest age group was 25–49 with seven patients, followed by 65–79 and 80+ with one patient in each category.

Reception Team

A few patients felt that some members of the reception team try to provide medical advice or

assess medical concerns and that, while they do a good job generally, they were perceived as asking too many overly personal questions that did not appear necessary for assisting with completing the online form. One older patient also reported feeling like a nuisance when walking in to ask reception for help booking an appointment.

Clinicians and Staff

Patients shared predominantly positive experiences with clinicians at the practice. Doctors were praised for their empathy, supportiveness, attentiveness, and ability to handle complex needs. They were also commended for providing timely care and being very thorough. A couple of patients mentioned they had never had a negative experience, with one highlighting that they had not had a negative experience in over ten years. Many patients noted that the doctors listen to and validate their concerns. One patient mentioned that everyone is friendly, though they noted their family member had the opposite experience with the doctors. A few patients also commended the practice team, reporting that staff had always been polite and helpful.

However, there were a few negative experiences. One patient felt that a doctor suggested solutions that were not relevant to their health concerns and the solutions did not accommodate their physical limitations. They also shared a paraphrased comment, reporting that the doctor said, "if you won't listen, there's no point in attending the appointment". Another patient shared that they had lodged a formal complaint about a doctor who had been using their own uncalibrated blood pressure machine and giving the wrong dosage of medication, however, they also noted that this doctor is no longer with the practice. Additionally, one patient mentioned the lack of continuity in care and difficulty in getting an appointment, preferring to go to Padstow for care.

Access to Appointments

Patients shared various experiences regarding the booking process. On a positive note, two patients mentioned they were able to book online easily but one still found it easier to call the practice. A couple of patients mentioned that the form is not specific enough with one suggesting that an extra box is needed to provide context for concerns. There were requests for the ability to fill out the form earlier due to work commitments, as the doctor only reviews them at certain times. A few patients found it time-consuming to fill out the same form every time for the same issue, especially when visiting frequently, and some struggled with using Klinik generally. One older patient, who does not have internet access at home and previously mentioned coming into the practice to book an appointment, also reported difficulty getting through on the phone. They noted that it seems the practice calls back with no set time, and if the call is missed, the recorded message makes it difficult to return the call. Although the practice did call back again, the patient found the process frustrating, particularly when feeling unwell.

Patients again shared mixed experiences regarding appointment availability. Many noted positive experiences, including being called back the same day after filling out the online form and receiving same-day appointments, being responsive to patients in pain, and consistent efforts by the practice to find appointments when needed. One patient mentioned a nurse from another surgery facilitated a same-day call from the practice, and others said they always managed to get an appointment.

However, there was one mention of a cancelled appointment by the practice, and some patients expressed frustration with delays. Non-urgent cases were reported to take weeks, while others had trouble securing appointments at all, with one patient noting waits of two days or more to get a response after submitting the form. This patient shared that they were considering leaving the practice due to these difficulties. Another patient raised wider concerns about the growing population and the potential impact on healthcare, noting that they believe the recruitment of additional doctors seems insufficient currently. They worry this will affect the level of care GP practices can provide in the future, particularly in terms of patient access to services.

Two patients reported that they are only allowed to discuss one thing at a time during appointments, and if there are additional concerns, they must book another appointment. They felt this restriction is applied even when symptoms could be related, which can be frustrating.

Triage Process

A couple of patients expressed difficulty understanding the triaging process and felt it was not working effectively, as they perceived their medical concerns as urgent but experienced delays in receiving appointments. One patient reported experiencing back pain and episodes of passing out, noting it took two weeks to see a doctor. This is the same patient who did not feel the doctor they saw adequately addressed their concerns. They also shared a previous experience of having a heart attack, where the hospital advised seeing their GP the next day, but they were only offered a phone appointment. Another patient described waiting weeks for an appointment despite having a heart condition alongside a worsening cough and expressed that it does not seem to them that those handling triaging are considering patient history alongside the requests.

Secondary Care

The surgery referred the patient to a secondary care department urgently, but unfortunately, the patient was not seen as expected. After the referral, the patient tried to contact the surgery again for further assistance, but when they called back, they were unable to speak to the original doctor who had made the referral. This led to confusion and frustration, as the patient was unable to clarify their concerns or get the necessary follow-up, leaving the situation unresolved which is what had brought them back into the practice during the visit.

Additional Comments

One patient mentioned they had been trying to get a call regarding medications that had not been transferred over from their previous practice. Despite the letter posted on the door to inform patients, it seemed that many were unaware of the updated CQC findings. Another patient expressed a wider concern regarding the NHS needing more staff and equipment, suggesting that there should be less focus on management and more attention on frontline services, particularly to address the backlog at hospitals.

3.5 Staff Feedback

The practice believes its strengths lie in the range of roles it offers to meet patient needs, including care coordinators, health coaches, advanced practitioners, non-medical prescribers,

and social prescribers. They also collaborate with local charities and are working with one to create a mental health hub, where social prescribers from the practice can refer patients. The practice is confident in its triaging system, with reviews of the Klinik process every six weeks to evaluate its effectiveness and implement improvements. The CQC has acknowledged recent improvements, though the updated report had not yet been received at the time of the visit.

The practice has been focused on improving patient experience through a variety of initiatives, including community and surgery projects such as social prescribing walks, the creation of a patient booklet, increased social media updates, the introduction of a waiting room screen, and close collaboration with the PPG to drive improvements. For Klinik, they have developed a video on how to use the system, offered callbacks for those without access, and provided a paper form alternative. Additionally, a new phone system has been implemented to allow for callbacks and enable patients to check and cancel appointments. These changes, alongside appointment reminders and updated cancellation options on Klinik, are helping to reduce missed appointments and waiting times. The practice also holds regular multidisciplinary team (MDT) meetings to coordinate and discuss patient care.

However, the practice has identified a few challenges. Patients often do not understand the roles of advanced practitioners and other staff members, which leads to confusion about how their needs might be better met by someone other than a doctor. Additionally, there is difficulty managing patient expectations and high demand on the service, with many patients expressing frustration over a lack of available appointments but despite this, it has been noted that the practice is seeing more patients than other surgeries in some cases.

3.6 Patient Participation Group

We had the opportunity to speak with a member of the PPG, who shared that patients often find it difficult to get an appointment, and that reception can become very busy. While customer service at reception has improved significantly, it was previously a concern and could still be improved. They also mentioned that Klinik is sometimes switched off too early, and there is a shortage of parking for patients. Suggestions to address these challenges included scheduling appointments earlier to create a buffer and reduce missed appointments, installing a privacy screen at reception, and altering the building design so patients can collect medication from a window in the dispensary.

4 Recommendations

Healthwatch Cornwall have offered some recommendations based on observations and feedback from patients to improve patient experiences at the practice.

- Address the congestion at reception and the dispensary by changing the layout, diverting patients away from the desk where appropriate. Ensure that the check-in screen is positioned in a more accessible location, away from the entrance, and is

clearly signed, to encourage its use instead of queueing at reception and prevent patients from blocking the door while using it. Additionally, consider positioning a designated desk in the waiting room with relevant paperwork, such as paper versions of the Klinik form, complaints/compliments sheets, and other commonly used forms. Potentially use partitions to guide patients on where to stand for reception or dispensary services, helping to improve traffic flow. Consider a ticketing system during peak times so that patients waiting to speak to reception can sit in the waiting room.

- Review the role of the triage team and system to ensure patients who need to be seen are not falling through any gaps and are being assessed by an appropriately trained person. Communicating with patients how the triage process works, their triage status, the reason why they have been triaged that way, and the use of different roles to address medical concerns could improve understanding of the service and ease patients' health anxiety.
- In addition to identifying any gaps in the triage system, clarify whether the reception team is expected to assess medical needs over the phone in addition to the triage team, and if so, ensure they have received appropriate training to make accurate assessments. This is particularly important to ensure care remains accessible and fair for patients who rely on phone access to book appointments, and in cases where Klinik closes early due to capacity and patients call the practice with acute concerns. If receptionists are expected to assess cases, communicate this process clearly to patients to improve their understanding when responding to receptionist questions. If receptionists are not expected to assess cases, establish a process to promptly direct them to the triage team.
- Additionally, consider addressing feedback regarding the reception teams attitudes towards patients by providing targeted training on communication and customer service skills, alongside well-being support for the team, to ensure all patients feel supported and respected during interactions.
- Enhance accessibility by providing easy-read materials, including forms for requesting appointments, to support patients who may struggle with literacy. Consider the benefits of implementing an in-practice portal for patients without internet access. Ensure patients are informed of the different ways to complete the Klinik form—online, on paper, or via reception. Ensure that information provided online or on social media is also available in the practice.
- Related to accessibility, review Klinik based on patient feedback, particularly regarding form fields and time-related concerns which are impacting patients accessing care. Continue distributing the Klinik video and patient booklet to better explain how to use the system and explore the possibility of the Patient Participation Group (PPG) offering workshops to assist patients in navigating the system.
- Patient feedback indicates a potential communication gap between primary and secondary care. This gap in communication could be affecting the ability to ensure patients receive the care they need and improve the care provided. It could be beneficial to liaise with secondary care providers to identify the issue and implement a solution that will improve communication and ensure a more integrated care process.

5 Provider Response

We appreciate the suggestion to position a designated desk in the waiting room with relevant paperwork. We will explore the feasibility of this setup, including the use of partitions, floor signage and a ticketing system during peak times, to improve traffic flow and patient experience. We would always advise patients to avoid the busiest times of Monday morning and Friday afternoon if they can.

We would like to make everyone aware that the check-in machine is available when they enter the building. We have looked at where we can re-position the machine; however, the infrastructure of the building (the machine requires power and intranet points), means that it is the only place it can realistically sit presently. We will evaluate if there is a way to move the machine, so that it is still visible to patients on entry (not obscured by any queues) or interfere with patient flow.

We acknowledge the importance of ensuring that our triage system is robust and that patients are assessed by appropriately trained personnel. We have a policy for our Klinik system, and it and the system are reviewed regularly. Every Klinik request for an appointment is reviewed in a timely manner. The clinical team that are assigned to this, work all day, Monday to Friday, with every request triaged. We aim to have all urgent requests reviewed on the same day (if submitted by 4pm).

Requests for routine, non-urgent appointments should be acknowledged on the same day, if not, within 48 hours, and patients advised we will be in touch with an appointment in due course. A routine appointment will be given once it has been triaged, and an appointment is available with the appropriate clinician.

We take feedback regarding our reception team's attitudes seriously. All our staff have signed confidentiality code of practice. We are consistently enhancing our training programmes by incorporating regular care navigation sessions, and systems are in place to make sure any patient concerns are raised with the clinical team for advice and assessment. We will provide targeted training on communication and customer service skills, alongside well-being support, to ensure all patients feel supported and respected.

We will continue to make ease of access a priority within the practice. We will work on providing more easy-read materials and are exploring with our local ICB an in-practice portal for patients without internet access. We will ensure that information about completing the Klinik form is available in multiple formats and accessible to all patients.

We will continue to review the Klinik system based on patient feedback, particularly concerning form fields and time-related concerns. We will continue to distribute the Klinik video and patient booklet and explore the possibility of PPG workshops to assist patients.

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