



Enter & View

Portscatho Surgery,
Roseland Surgeries

healthwatch
Cornwall

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1 Introduction

1.1 Details of visit

Service provider	Portscatho Surgery (Roseland Surgeries)
Service Address	Gerrans Hill, Portscatho, TR2 5EE
Date and time	15 th of November 2024 1pm-4pm 3 rd of Dember 2024 2pm-3pm
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. 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 practice manager and members of the patient participation group. 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.

The visit was extended to allow for the collection of additional feedback from patients, as the number of patients present at the practice on the original day of the visit was relatively low.

3 Findings

3.1 Overview

Roseland Surgeries is one practice with three surgery sites; the main practice in Portscatho with branches in Tregony and St Mawes. The visit was conducted at Portscatho Surgery.

Overall, the practice has around 3800 patients across 67 square miles. To access appointments, patients may book in person, over the phone or using the online Klinik system. They provide pre-bookable face to face and phone appointments and receptionists are able to book same day appointments if required. In addition, patients can see a doctor at any of the surgery sites where availability allows.

Due to the remote location the practice operates a dispensary to assist patients with accessing medication.

3.2 Practice Observations

There is a pay and display carpark adjacent to the surgery that is owned by the parish hall where patients are granted thirty minutes of free parking. Street parking is available nearby.

The building is fully accessible for wheelchair users, with a ramp leading down to automatic doors, step-free access throughout, and a disabled toilet. The waiting room is spacious and tidy.

When speaking with the reception team, it was unclear whether the practice has a hearing loop or if it does, whether the battery was charged.

The practice provided clear information for patients on how to report safeguarding concerns and how to provide feedback to the practice. There was a large selection of posters in the waiting room signposting to community groups and events, as well as a fundraising box for the Patient Participation Group (PPG) and food donation crate. The practice appeared very involved in and supportive of community activities which was also evident from conversations with the PPG and practice manager.

3.3 Summary of Feedback

Patient feedback highlighted the overall excellent quality and accessibility of care, including access to mental health support and the positive impact of community groups. However, there is room for improvement in continuity of care.

We had the opportunity for discussion with members of the patient participation group and the practice manager. These conversations highlighted both their strengths and challenges.

3.4 Patient Feedback

We were able to hear from eleven patients about their experiences with the practice, including three members of the PPG. Of those from who we were able to gather demographic information, nine identified as female and two as male. Five were white British and one was white Cornish. The largest age group was 25 - 49, with three patients, followed by 50 - 64 with two patients and one patient over 80.

Two patients specifically mentioned how helpful the staff are when they call the practice and how accommodating the reception and nursing teams are. However, one patient mentioned that most of the doctors are good, but they had concerns about the communication style of one doctor and would prefer to see a different one.

Six patients shared a positive overall experience with the practice. They praised the quality and accessibility of care, with most securing an appointment within two weeks and one patient noted that patients are mostly able to secure an appointment where they live. However, another patient reported that while happy with the quality of care, they experienced a longer wait time of four to five weeks for their appointment and additionally that their appointment was running behind by about half an hour.

A patient who was on holiday in Cornwall shared their positive experience with accessing care. They began the day by visiting the pharmacy in St Mawes, where they were advised to call 111. Following this advice, 111 directed them to contact the practice. They were able to speak with the practice immediately and were seen that same afternoon, leaving with a prescription for their medication. The patient and their partner described the entire process as an amazing experience.

Further to the comments on accessibility, a couple of patients felt that the practice team assess patient concerns in collaboration with the patient and that they take patients seriously when the patient expresses the urgency of their health concern. Another patient expressed that the practice had eased their long-held anxiety around healthcare professionals.

One patient shared their experience accessing mental health support through the practice, noting that they received their initial appointment within a week. They felt that the doctors at the practice take more time to discuss patients' needs compared to those at their previous practice out of county, describing them as friendlier and easier to understand. The patient also praised the quality of signposting but had observed that the majority of support groups target either 18-24-year-olds or older adults, with limited options for those in between. Based on their experience, they also emphasised the need for more resources to address the root causes of mental health challenges.

A senior patient remarked on the benefits of the local community groups and the community bus which enable them to see people they know and makes a big difference to their wellbeing. Further to this they feel that the practice "looks after us 'oldies' very well".

A patient observed that doctors should review patient notes beforehand, however, it appears to them that doctors do not have time to do this, so they read them during the consultation and require the patient to re-explain their concerns. Additionally, they found that if doctors do read the notes beforehand, they often assume the current visit is related to the same issue.

The patient also mentioned a lack of continuity in care, noting frustration over frequent doctor changes, unlike the consistent care they received before their previous doctor retired. This feedback was also reflected in the discussion with members of the PPG. In contrast, another patient felt that the practice offers a traditional approach, providing continuity of care where patients are familiar with their doctor, and follow-ups are handled by the same doctor. However, this second patient noted that it was their first visit in a long time.

One patient experienced confusion regarding a medical procedure, as the practice had scheduled it with a doctor who was not trained to perform it. This oversight required the patient to rebook the appointment after traveling a fair distance from another location on the peninsula as this was not the closest site for the patient to attend but the only available appointment. However, the patient did express understanding around the situation.

Other pieces of constructive feedback.

- A patient who considers themselves to be computer literate struggles to access the NHS app, stating the phone version is too small, but that reception had previously said they could help with this.
- A patient felt that the practice should remind patients about carpark fees in case they need to be at the practice longer than half an hour.

3.5 Patient Participation Group

We were able to have a separate discussion with three members of the PPG and one patient who runs the community café alongside one of the members of the PPG. The discussion covered their personal experiences with the practice and the activities of the patient group in collaboration with the practice.

The patient group has organised a range of community groups for residents of the Roseland Peninsula and offer enough activities that individuals could participate in one every day of the week, provided they have access to transport. The practice's social prescriber is actively involved in these groups, and they collaborate closely with the practice, a point also emphasised by the manager during our conversation with them. The patient group appeared highly proactive, emphasising the importance of reaching out to regular attendees when they occasionally miss events to ensure they are safe and well, particularly as it's predominantly an older population with many people living alone.

Positives

- Access to Care
 - A patient was referred and seen within a year, compared to a five-year wait elsewhere.
 - The surgery recommended care at the Minor Injuries Unit (MIU) and arranged a doctor's home visit.
 - A patient experienced significant pain following a private operation, but the surgery team managed the situation effectively with the dispensary and reception teams being particularly attentive and supportive.
 - The practice prioritises preventative care.
 - A private appointment allowed a doctor to take proactive steps in advancing care.
- Continuity of Care
 - There was an acknowledgement that different doctors provide fresh perspectives.
 - Despite the challenges with continuity of care, overall, the practice is considered a traditional practice where doctors take time to build rapport and provide personalised care.
- Collaborative Working
 - An immunisation clinic held at a café demonstrated community-focused care.
 - Social prescriber involvement improves patient engagement.
 - It was recognised that the relationship between staff and patients is a two-way street, and they do their best to support the practice.
 - Practice management are proactive, led by a personable manager who prioritises patient needs.
 - They feel that staff demonstrate a deep understanding of their patient population and tailor care accordingly.
 - The RSPG has replaced nearly all community defibrillators and funded additional ones.

Challenges

- Continuity of care
 - Patients often see a different doctor each time. They are given the option to see the same doctor but it's a longer wait to access an appointment.
 - It takes time for doctors to learn the patient history which means that patients with longer term health concerns must re-explain.
- The lack of flexibility in the healthcare system
 - Patients are not allowed to attend appointments with a list of symptoms which may be interconnected, and this presents a challenge for healthcare professionals in providing holistic care.
 - Strict time limit for appointments causes anxiety for patients and challenges for healthcare professionals in addressing health concerns.
- The waitlist for counselling under the NHS was six months and this led to the patient seeking private care.
- The rural location on the Roseland Peninsula makes it difficult to recruit doctors.

Suggestions

- Increase the appointment times for locum doctors as their appointments seem to run late, potentially needing to spend more time familiarising themselves with patients.
- Patients need to communicate more efficiently with the practice and have a better understanding of how the NHS and the practice operates.
- Regular patients with ongoing and long-term health concerns should be able to build rapport with the same doctor to improve their healthcare journey.

3.6 Staff Feedback

We were able to have a discussion with the practice manager who gave us insights into the practice strengths and challenges.

Positives

- The PPG is very involved and supportive of the practice in helping them to engage with the local community and improve wellbeing.
- The practice has the second oldest population in the county and adopts an innovative and proactive approach to engaging with the local community. For example, the dispensary offers delivery for some patients which is not reimbursed.
- The practice employs a social prescriber, a role made possible in part by the PPG's efforts. The PPG previously funded a part-time social prescribing role, under a different title, through a local lottery and collected data on its impact within the community. This data was then used by the practice to secure a permanent social prescribing position. The social prescriber is a local resident and familiar with the community they serve. They have established a veteran's group, organise wellbeing initiatives within the surgery, and actively participate in PPG organised groups to connect with people. In the past, they have also accompanied the nurse administering vaccines to engage directly with patients. They are hoping to develop further initiatives such as a befriending service and support for mothers who do not have the support of local extended family.
- The practice aims to provide a holistic approach to care, recognising that while patients may not always require medical treatment, they may still need support for their overall wellbeing, which can often be addressed through non-clinical means.
- The practice has earned a silver award for sustainability and is working towards achieving a gold award. Various projects are carried out in preparation for these awards. One such initiative involved creating an empty box pyramid to visually represent how much medication is returned to the dispensary every week which then goes to waste as it cannot be reused. This highlights the importance of patient education, as many patients order medication out of fear of being reprimanded, and visuals like this are particularly helpful in educating patients on the issue.

Challenges

- Thousands of pounds worth of medication is returned by patients every 10–14 days after they order it and then decide to return it, with the medication unable to be reused.
- The increase in national insurance payments for employers has added approximately £20,000 in costs per year, in addition to the 7% rise in the national living wage. A challenge arises from the treasury's classification of GP practices as private organisations, despite their provision of free healthcare at the point of contact under NHS contracts for NHS populations. This rise in expenses, without a corresponding increase in income, may create additional challenges for practices. Since 2015, the number of GP practices in Cornwall has decreased from 81 to 55, with some merging to remain viable. The practice aims to continue providing care for its community, which has a large elderly population and limited access to public transport to other areas.
- The Treasury has stated that the NHS will receive the funding it requires, however, this funding primarily concerns secondary care, not primary care.
- Additionally, assumptions about how funding is allocated may not be accurate. The majority of funding is directed towards staffing costs, whereas the assumption is that a smaller portion would be spent on this.
- Typically, the practice hosts 6 year 4 or 5 medical students each year, but neither this year nor last year have any students shown an interest in becoming a GP, which may suggest concerns about the long-term sustainability of the role.
- The decision-makers do not seem to be engaging enough with the frontline workers who could offer solutions. Additionally, the current framework, which was intended to be low in bureaucracy and built on trust, has instead become the opposite. It's important to allow staff to do what's necessary without always requiring time spent on evidencing.
- The media often do not collaborate with GP practices to provide accurate information to the public, which can unintentionally increase pressure on services. For example, the BBC reported that patients could receive the RSV vaccine, but it later emerged that many practices did not have it in stock, could only order limited quantities, and were unable to co-administer it with other vaccinations.
- Complaints from patients often stem from communication issues, with patients feeling lost between primary and secondary care or not receiving updates from secondary care.
- It appears that secondary care is increasingly asking GPs to take on tasks that fall outside their remit, shifting more responsibilities from secondary care to primary care, which adds to the workload and pressure on GP practices.
- The practice generally needs more staff and better transport links. However, it lacks the facilities to house additional staff, which would also divert resources from other areas of care.

4 Recommendations

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

- Ensure the hearing loop is accessible, fully charged, and clearly signposted.
- Review written materials, such as leaflets and posters, to ensure they are available in Easy Read formats.
- Assess whether patients with ongoing and long-term health concerns could be allocated a consistent doctor to improve their healthcare journey.
- Consider whether doctors could be allocated additional time to review patient notes, especially when meeting patients who are new to them.
- Adopting a holistic approach to health in the practice and across the healthcare system could be beneficial by allowing doctors to consider the full range of symptoms and identify potential connections. If needed, patients could be advised that additional appointments are required to address other seemingly unrelated symptoms.
- Develop additional methods to educate patients about the challenges affecting the operation of GP practices, including the impact of their actions, and how they can help support the practice.
- Share best practices with other GP practices on patient education as well as fostering positive relationships and collaborating with patient groups to initiate community projects that cater to the specific needs of local populations, along with the benefits these projects offer.

5 Provider Response

We have purchased a hearing loop for reception desks and the front desk team have now been instructed in its use.

New TV screens at each surgery site will target the issue of patient education, though we will continue to provide help and support via information on the surgery noticeboards, our website, Facebook page and parish magazine.

We always prefer to offer continuity and all our patients are allocated their own GP. However, continuity comes at the expense of longer waits to see the preferred GP. Patients do have the option of choosing this but will usually prefer to be seen sooner by an available GP.

We are experts at adopting an holistic approach and always strive to achieve this within the art of the possible. We are human in not always meeting everyone's expectations.

As our standard appointment time is at least 15mins, this should provide all the GPs with enough time to assess a patient's notes. However, when one is reviewing 80-90 years of medical history the review will need to be effective rather than forensically complete.

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