

ENTER AND VIEW REPORT



PORTLAND MEDICAL PRACTICE

21ST MAY 2025

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About Healthwatch Walsall

Healthwatch Walsall is your local health and social care champion. Across all the Borough, we make sure National Health Service (NHS) leaders and other decision makers hear your voice and use your feedback to improve care.

Through our community engagement activities, data intelligence systems, Enter and View programme and our Healthwatch Champions, we continually monitor service delivery through concerns raised, feedback received, and the Healthwatch Independent Strategic Advisory Board use this intelligence to inform and shape the Healthwatch priorities and activities.

We analyse consumer feedback as well as a broad range of data sources to produce evidence and insight reports and information dashboards which can provide trends, statistical and performance analysis of services for use in monitoring and challenging service commissioning and provision.

What is Enter and View?

Part of Healthwatch Walsall remit is to carry out Enter and View visits. Healthwatch Walsall Authorised Representatives carry out these visits to health and social care premises to find out how service users access, use and understand what the overall service user experiences are, highlighting findings and potentially making recommendations that may lead to areas of improvement.

The Health and Social Care Act 2012 allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential/nursing homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but equally, they can occur when services have a good reputation so that we can learn about and share examples of what they do well from the perspective of people who experience the service first-hand.

Healthwatch Walsall Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Walsall Safeguarding Policy, the service manager will be informed, and the visit will end. The Local Authority Safeguarding Team will also be informed.

Introduction

Disclaimer

Please note that this report is related to findings and observations made during our visit made on the 21 May 2025. The report does not claim to represent the views of all service users, only those who contributed during the visit.

Authorised Representatives

Peter Allen – HWW staff, Authorised Representative

Richard Jolly – HWW volunteer, Lead Authorised representative

Who we share the report with?

This report and its findings will be shared with the GP Practice (provider), members of the public, Black Country Integrated Care Board (Walsall Place), Care Quality Commission (CQC) and Healthwatch England. The report will also be published on our website and through our social media.

Provider details

Name of Service: Portland Medical Practice

Address: Anchor Meadow Health Centre, Westfield Drive, Aldridge, Walsall, WS9 8AJ

Telephone: 01922 450950

Website: <https://portlandmedical.co.uk>

Service type: GP practice and medical services

Assistant Practice Manager – Ali Brain

The practice is located in Aldridge and delivers services to 10,000 patients at present.

Care Quality Commission (CQC) information.

<https://www.cqc.org.uk/location/1-553197443>

Latest inspection 1 November and 5 November 2018, last review 6 July 2023.

Healthwatch Principles

Healthwatch Walsall's Enter and View program is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. Healthy Environment: Right to live in an environment that promotes positive health and wellbeing.
2. Essential Services: Right to a set of preventative, treatment and care services provided to a high standard to prevent patients reaching crisis.
3. Access: Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family.
4. A safe, dignified and quality service: Right to high quality, safe, confidential services that treat me with dignity, compassion and respect.
5. Information and education: Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system.
6. Choice: Right to choose from a range of high-quality services, products and providers within health and social care.
7. Being listened to: Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received.
8. Being involved: To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

Purpose of Visit

This was an announced visit.

We sought to gather patient experiences of accessing and using the GP, nursing and provided medical services offered at the practice.

We approached waiting patients and ask if they wish to take part in a short questionnaire.

What we did

We arrived at the building at 9.00 am before being introduced to the Assistant Practice Manager who gave us a tour of the patient communal areas in the building. Patients had a choice as to whether they wished to participate in our visit and questions. We used a pre-set list of questions/prompts and noted patient and staff responses.

In total we spoke to thirteen patients, an Assistant Practice Manager and a receptionist staff member.

Environment

External

The practice is based in a shared NHS facility with another GP service.

The outside of the building is well maintained with external lighting/lamps and CCTV cameras are in operation. There is a Pharmacy on the site. The site has a large car park for approximately 100 vehicles.

The building appeared to be maintained, and entry is via automated double doors.

Internal

Once in the main reception foyer, Portland Medical Practice is to the left and signed appropriately.

We noted:

- Main reception was clearly signed.
- There is an electronic self-check in unit at the practice reception with one receptionist.
- Seating available for approximately up to 30 patients.
- CCTV is in operation inside the building (communal areas only).
- Ground floor access to services with good wheelchair/pushchair access for patients and families.
- There was clear signage for toilets.
- There are two patient notice boards and a patient participation board situated in the waiting area but not fixed to the wall.
- The internal décor appeared to be in good order and maintained.
- The furniture in the waiting area appeared clean.
- The flooring appeared clean and maintained.
- We noted there was no hearing loop in the reception area.
- There is an electronic display unit in the waiting area that notified people of their appointment and which room to attend.
- We noted that there was no visible complaints procedure/policy.

Practice Services

A list of the services they offer can be found on the practice website, use this link:
<https://portlandmedical.co.uk/>

We were told that the practice has approximately 10,000 patients registered supported by a number of GPs, nursing and administration staff.

Access to services

Access to the services and appointments can be made by telephone, e-consult patient access and walk-in. The practice also offers a text message service for sending patient updates and messages. If patients require an interpreter the practice can provide this.

Opening Times are:

Monday to Friday – 8.00am to 6.00pm

Patient responses

We spoke to 13 patients and collated their service experiences and views during the visit. All 13 patients fully completed the questionnaire process.

Q. We asked Patients how often they sought to make contact with the practice.

The responses were:

- 5 patients said once or twice a year.
- 4 patients said three or four times a year.
- 1 patient said as and when or rarely.
- 1 patient said six times a year.
- 1 patient said monthly.
- 1 patient answered every week.

Q. We asked how they currently communicate with practice.

This was a multi answer choice selection. The responses were very clear:

- 8 patients indicated that they call in by telephone.
- 2 patients said online.
- 2 patients said that they walk in.
- 1 patient said by text.

Q. We asked if patients are given alternative routes of care if appointments are not available.

The responses were:

- 8 patients indicated that they were given alternative care pathways/providers details.
- 5 patients said they were not given alternative care pathways/providers details.

Q. We asked if the patient(s) knew of Extra GP appointments.

Note: Extra GP appointments may also be known as 'out of hours', 'our net' or 'Waldoc'.

The responses were:

- 7 patients had heard of Extra GP Appointments.
- 6 patients said that they had not heard of Extra GP Appointments.

Q. We asked if patients feel they are listened to around their health needs?

The responses were:

- 12 patients responded Yes, they are listened to overall.
- 1 patient responded No.

Q. We asked what barriers do they face at practice.

The responses were:

- 7 patients indicated that they felt that there were no barriers.
- 3 patients said that they couldn't get appointments
- 1 patient said *"Communication, not always listened to"*.
- 1 patient said *"long delays on phone"*.
- 1 patient said *"admin records not always up to date"*.

Patients other comments around positive and negative points regarding the practice below:

+ Positive comments

"Local and convenient"
"Go out of their way to help even when busy"
"Treat me well"
"Very clean"
"Always a good level of care"
"Reception do solve issues quickly"

- Negative Comments

"Can't get appointments"
"Seem overworked. A few changes of doctors"
"Takes a long time on phone for appointments"
"Car parking can be a problem"

Q. We asked the patients how they are notified of any changes by the practice.

The responses were:

- 12 patients said that they receive text messages.
- 1 patient was not sure.

Q. We asked if they were given a choice of hospital if they are referred.

The responses were:

- 5 patients said they are given a choice.
- 4 patients said they had not been given a choice.
- 2 patients said they didn't know they had a choice.
- 1 patient was not sure.
- 1 patient said sometimes.

Q. We asked if the patients understood the information given and if they are able to ask questions or ask for explanations.

The responses were:

- 12 patients responded Yes.
- 1 patient said No.

Q. We asked if the patients knew how to raise a concern or make a complaint.

The responses were:

- 10 patients did not.
- 3 patients understood how to make a complaint and follow the complaints procedure.

Q. We asked if the patient could change/improve anything what would it be?

The responses were:

- 4 patients stated that no changes were needed.
- 3 patients said more appointments.
- 1 patient said more appointments and for all doctors to listen.
- 1 patient said help getting app to work.
- 1 patient said more information on boards.
- 1 patient said adding a reminder on the call system, turn volume up a little, lower screen to avoid neck ache.
- 1 patient said *"More parking"*.
- 1 patient said *"They're here when needed."*

Staff responses

Staff Member

We spoke to a receptionist at the practice.

Q. We asked how patients can get in touch.

We were told:

- Walk in.
- Telephone.
- Online booking

Q. We asked how the practice communicates with patients.

We were told: there is not a hearing loop but no issues had been noted.

Q. We asked how they identify vulnerable patients or carers.

We were told that this was by consultation, records on the system and years of experience help to avoid issues.

Q. We asked if there was a Patient Participation/Reference Group (P.P/R.G.)

We were told that there is a PPG in place that meets monthly.

Q. We asked if patients could see a male or female doctor.

We were told yes, they could.

Q. We asked what training staff receive.

We were told the training is generally E learning using modules.

Q. We asked if staff experience aggressive patient behaviour.

We were told that there is a zero-tolerance policy in place. If necessary the practice would call the Police and record in the register.

Q. We asked the staff to highlight any positives and negatives working at the practice

+ Positives

- Very flexible

-Negatives

- Lack of appointments

Q. We asked how they make patients aware of the right to complain and the process to do so.

We were told:

- Feedback forms patients can complete.
- Patients can call in by phone.
- Email.
- Write in.

Assistant Practice Manager Interview

The Practice Manager was not available on the day of our visit, so we spoke to the Assistant Practice Manager.

Q. We asked how many patients the practice has at present.

We were told: 10,000 patients.

Q. We asked how can patients get appointments or make contact with the practice

We were told:

- Walk in.
- Telephone.
- On-line/Patient Access.

Q. We asked how the practice communicates with patients

We were told:

- Texts.
- Email.
- Telephone.
- By post.
- Face to face communication are all methods used to assist patients.

We were told that there is no hearing loop in place.

Q. We asked how the practice identifies vulnerable patients or carers

We were told:

- System has pop-ups/flags on patient records.
- Family let us know about carers.
- Social prescriber can identify patients when spoken to.

Q. We asked if there is an active Patient Participation Group (P.R.G.)

We were told that there is and that it meets monthly. We noted that the minutes on the noticeboard were not current/most recent.

Q. We asked how the practice gathers patient feedback.

We were told:

- Use of practice patient feedback forms.
- Patients are able to leave feedback on website – there is a notice in reception.
- By phone.
- Face to face in the practice.

Q. We asked what the staffing structure was.

We were told:

- 3 GP partners.
- 3 GP registrars.
- 3 nurses.
- 2 health care assistants.
- 1 lead nurse.
- 1 phlebotomist – shared with Northgate Practice.
- Locums / Agency only used as necessary.

Q. We asked if a patient can choose to see a Male or Female GP.

We were told: Yes.

Q. We asked if the Practice any staff vacancies at the time of the visit.

We were told: No.

Q. We asked what training staff receive

We were told:

- Induction including fire, confidential, record management, safeguarding and other mandatory training modules.
- Training takes place online.

Q. We asked if staff suffer from aggressive patient behaviour.

We were told: The practice has a zero-tolerance policy that it abides by. The Manager would take a patient into a room to try to resolve the issue. If this was not successful, Practice Manager or Doctor may get involved.

We had been told previously there is a complaints policy/procedure in place.

Q. We asked if there were any barriers that the practice faces

We were told:

- That there is not enough space.
- Not enough rooms requiring multi-users of rooms.

Q. We asked the PM to name a positive and one negative about the practice?

Positive + All staff work as a team.

Negative – Can have a lot of doctors away which can cause issues.

Conclusion

From the responses collected, patients seem to be very happy with the services they receive. Good access to appointments was highlighted consistently by patients and that GPs were very good. Spending time and showing an interest in their patients' needs.

However, some patients felt that the waiting times on hold when calling by phone were too long.

As with many services the availability earlier and later in the day for an appointment for early workers was raised by a couple of patients.

Findings

1. Patients were mainly happy with access to appointments.
2. Some would like shorter wait times on the phone when trying to book appointments.
3. They felt that the Doctors were caring and attentive to their needs and would spend the time that they (patient) needed to be listened to.
4. The area was clean and tidy.
5. There were two patient notice boards though not very visible as propped on floor.
6. There is no hearing loop in place to assist hearing impaired service users.
7. There are electronic patient appointment GP/room notification displays.
8. The patient complaints policy/procedure was not visibly available, but there is a link to complaints on the practice website. However, not all patients know how to make a complaint, although they may not have wished to do so.
9. PPG/PRG meeting minutes are not up to date.
10. There seemed more positives than negatives comments about the services provided.

11. Patients felt the staff are caring and attentive.
12. Staff utilize the room they have to deliver services.
13. A patient had noted there had been a change of doctors and a staff member mentioned a lack of doctors.

Recommendations

1. Review waiting times on telephone call ins.
2. Secure the noticeboards to wall.
3. Ensure complaints procedure on notice boards plainly visible to patients.
4. Ensure communication methods/equipment meet all patient needs (Hearing loop).
5. Continue to ensure adequate clinical staff to continue to meet patient needs.
6. Further explore opportunities to increase space to deliver services if possible.
7. Check to see if information around patient access to 'Extra GP Appointments' could be improved.

Provider Feedback

1. Review waiting times on telephone calls in:

A few months ago we had a new telephone system which monitors all calls both coming in and out of the Practice, which also allows us to monitor our response times answering calls. There is also an electronic display in the reception area which shows the receptionists how many people are in the queue and how long those patients having been waiting, this allows the reception manager to pull more staff onto answering calls to clear the queue. We also get sent a management report every month by the phone company which the building manager reviews and summarises. This report is then posted on our social media pages, our website and also on the TV display in the waiting room. (see attached).

2. Secure the noticeboards to the wall:

We have checked the waiting room. Our notice boards are all secured to the wall, with the exception of the free standing one I mentioned in the foyer and also one that stands on a table at the back of the waiting room (this one is not designed to go on a wall as it has three sections to it, allowing it to form a display).

3. Ensure complaints procedure on notice board plainly visible to patients:

Our current complaints procedure is documented on our website, we do not currently display this in the waiting room, but we will look into rectifying this. We are aware there may be some changes being made nationally regarding complaints procedures and having online forms, this I believe should be finalised by October 2025, so we will of course sort this by then.

4. Ensure communication methods/equipment meet all patient's needs (Hearing loop):

On checking it appears we have never had a "hearing loop" what we used to have was a microphone and a receiver, this has since been removed due to the lack of privacy due to the reception desks proximity to the waiting room. We will however look into the costs of purchasing a "hearing loop". We also recently invited Walsall Blind Society to come along to see what we could do to help patients with visual impairments, one suggestion was to have signs printed with black print on a yellow background, this is something we are in the process of sorting. We also use our clinical system EMIS Web to add a message to the patient's medical records for example it could say things like "patient hard of hearing, patient talks with a stammer, patient is visually impaired etc" this information is only available to the staff member accessing that patients records.

5. Continue to ensure adequate clinical staff to continue to meet patient needs.

As mentioned by a patient in the report we have had a change of Doctors recently, with one of our GP Partners retiring, a Salaried GP emigrating and another going on maternity leave. Obviously, this is something we have no control over, we did interview and have appointed GPs to replace the GPs that have left.

From August we will have 3 GP Partners, 4 Salaried GPs, 3 Registrars and 2 FY2 Doctors. We also have 4 Practice Nurses, 2 HCAs, a pharmacist and a phlebotomist, not to mention Primary Care Staff, including Social Prescribers, FCPs, Pharmacists, Pharmacy Technicians and a GP.

6. Further explore opportunities to increase space to deliver services if possible.

Portland Medical Practice has used every inch of available space currently available to them. Obviously in an ideal world we would love move space, but practically this is difficult, we don't own the building, there has been discussions with the landlord of the building but obviously there are costs involved for this to be considered. There was been talk of possibly being able to reduce the size of our waiting room to create more consulting rooms, but again additional factors have to be taken into account i.e.. access for disabled patients, access for pushchairs etc. This is not something that we can resolve in the near future.

7. Check to see if information around patient access to "Extra GP Appointments" could be improved:

Yes, this can be improved, details are provided on our website and we do have leaflets which staff hand out to patients, but we will rectify this by making the leaflets more readily available and creating posters which we can display on the notice boards in the waiting room.

Share your Walsall Health and Social Care services experiences by getting in touch by using our services review platform "Have Your Say" on our website. Link: <https://tinyurl.com/3778j3ps>

Find us and our reports on our Social Media platforms



Facebook: @HealthwatchWSL

X (Twitter): @HWWalsall

Instagram: healthwatchwsl

YouTube: Healthwatch Walsall 2020



We are committed to the quality of our information. Every three years we perform an in depth audit so that we can be certain of this.

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