

Somercotes Medical Centre

Enter and View Visit Report

10 June 2025

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About us

We are an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

Our mission

We are a strong, independent, and effective champion for people that use health and social care services. We will continue to influence health and care services and seek to improve joined-up care for the people of Derbyshire.

Our vision

We want to see people who use health and social care services centre stage, so that service providers and commissioners listen to what they have to say and use their voices to shape, inform and influence service delivery and design.



What is Enter and View?

One of our roles at Healthwatch is to undertake Enter and View visits. Our team of trained authorised representatives (ARs) enter and view local health and social care services to find out how services are being run in action.

We collect evidence on what works well and what could be improved to make people's experiences better. We then provide recommendations to the service.



Our Enter and View visits are not intended to identify safeguarding issues or act as inspections. However, if safeguarding concerns arise during a visit, they are reported in line with our Safeguarding Children & Adults policy.

Following Enter and View visits, we collect all the feedback and produce a report with recommendations. These reports are shared with service providers, The Care Quality Commission (CQC), Derbyshire County Council and Healthwatch England. The final report will also be published on our website and Joined Up Care Derbyshire's Public and Patient Insight Library.

Visit information

**Service address:**

Somercotes Medical Centre, 22 Nottingham Road, Somercotes, Alfreton, Derbyshire DE55 4JJ

**Service provider:**

National Health Service (NHS)

**Date of visit:**

Tuesday 10 June 2025

**Practice Manager:**

Victoria Siddall

**CQC rating:**

Outstanding (2016)

**Authorised Representatives (ARs) who visited:**

Shirley Cutts, Alistar Garrett, Sharon Mellors, Yvonne Price, Helen Rose, Helen Severns

Healthwatch Derbyshire Volunteer coordinator:

Helen Walters

Accessibility Audit Representatives who visited:

Jaime Fisher

Number of Healthwatch Derbyshire volunteers who reviewed website: Five

**Healthwatch Derbyshire Enter and View Officer:**

Claire Connor

About Somercotes Medical Centre

Somercotes Medical Centre (“the medical centre”) serves the community of Alfreton and surrounding areas. Alfreton is a town in the Amber Valley area of Derbyshire. Below is an overview of the medical centre:

- Number of registered patients: **8,247**
- Monthly phone calls: **Up to 17,522** (correct as of May 2025)
- Monthly same-day appointments offered: **Up to 200** plus a sit and wait list. The rest are pre-bookable appointments
- Monthly missed appointments: **Between 140–150**.

The medical centre delivers a wide range of clinics, including but not limited to:

- Child health services
- Contraception and family planning
- Long-term conditions
- Maternity, antenatal and postnatal care
- Minor injury services
- Nursing services
- Teenage health advice and services
- Vaccination and immunisations.

There is a dedicated healthcare team that consists of:

- Administration team
- Care co-ordinators
- Doctors
- Healthcare navigators
- Management team
- Midwife
- Nurse prescribers
- Nursing team
- Pharmacist.

Clinical space

The enter and view officer had a tour of the clinical space. This was well maintained, appearing clean and welcoming.

There are 17 clinic rooms to support the busy medical centre. When not in use, these rooms can be used to support reasonable adjustments, such as a quiet space. There is a large reception area with good accessibility.

A blood pressure and weight machine were also available in the hallway with extra seating.



The visit

Summary

Overall, this was a positive visit, with those accessing the medical centre and staff speaking highly of the service.

We received some recommendations for improvement based on the views of the people we spoke to.

The people we spoke to were:

- Healthwatch Authorised Representatives
- Healthwatch Derbyshire volunteer coordinator
- Healthwatch Derbyshire volunteers
- Medical centre staff members
- Patients, parents and carers.

The recommendations and the medical center's responses can be found on pages 34-38. These recommendations aim to support the continued good work of the service.

During our visit, we spoke to 95 people. Most people were positive about the care they received. We also spoke to five medical centre staff members and a student doctor during the day who all praised the team and workplace environment.

Feedback was gathered from six ARs, the enter and view officer and the five Healthwatch Derbyshire volunteers. Information was also gathered from the Healthwatch Derbyshire volunteer who carried out the accessibility audit on the day.

Overall, the medical centre was found to be accessible, though some signage could be improved. This signage could help those new to the medical centre find the toilets and aid people with dementia to exit the toilet.

Whilst most people were satisfied with the services, many mentioned how long they had to wait on the phone to speak to a member of the team.

Key themes:

- Most people were positive about the medical centre speaking highly of the quality of care
- Staff were positive about their workplace and environment
- There was a low awareness of the health and wellbeing drop-in service
- People preferred email and text over other communication methods
- Many people mentioned long waits on the telephone
- Increased signage could make the medical centre more dementia friendly
- Most people wouldn't change the waiting room. However, some people suggested that having access to water could improve a person's experience

- Some people didn't know they could ask for reasonable adjustments. If people knew about this, their visit to the medical centre could be improved
- Some people were not aware of the support available at the medical centre for carers. Increasing awareness of this could improve people's wellbeing with support being available where needed.

Why did we do this visit?

This was a planned and announced Enter and View visit to the medical centre, a service we don't often hear feedback about. Our goal was to listen to and understand people's experiences of using the service.

A survey was designed with input from the medical centre's practice manager.

The key areas we were looking at were:

- Service: Observing how care and support are provided
- Setting: Seeing and feeling what it's like within the medical centre. For example, looking at accessibility and how welcoming the space is
- Digital experience: Gathering feedback on people's experiences of the website, phone system and NHS App
- Communication: Understanding how people prefer to receive updates from the medical centre, and their experiences so far.

How did we do it?

The enter and view officer met with the medical centre's practice manager to discuss the purpose of the visit. The enter and view officer also shared a draft survey to support collaborative working.

The practice manager gave feedback on the draft survey and suggested a few key areas to focus on. A survey was developed based on this feedback.

On the day of the Enter and View visit, the enter and view officer and ARs attended during the medical centre's opening hours of 8:00 am to 6:00 pm.

We collected feedback in the following ways:

- A survey filled in by patients, family members and carers
- Direct observation between staff and people accessing the medical centre
- Observation of access to the waiting area
- Assessing the accessibility of the environment
- Talking to people about their experiences of the service
- Talking to staff working at the medical centre.

Staff feedback was gained through open conversations; no survey was used for this. ARs also noted their feedback about the environment.

Important note:

Not all surveys were fully completed due to patients being called for appointments. Data was gathered from both complete and incomplete surveys.

Accessibility audit

Alongside our Enter and View visit, we also completed an accessibility audit.

The volunteer who gave feedback on this audit is an expert by experience. He has mobility difficulties, autism and a learning disability. The feedback from this audit reflects his experience on the day.

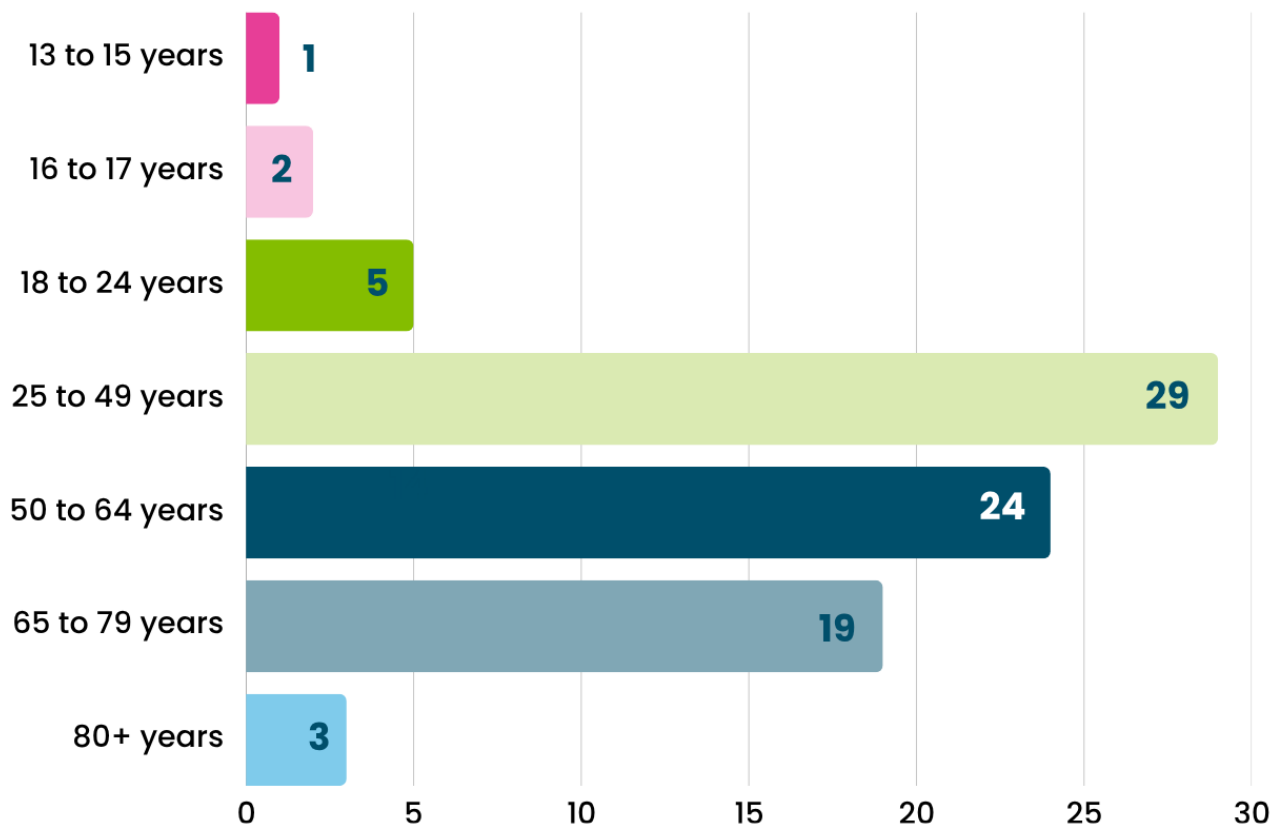
Who did we speak to?

Overview of the people we spoke to

We spoke to 95 people. Of these, 83 people completed the demographic questions. However, not all demographic questions were mandatory.

Age

Most people were aged 25 – 49 and 50 – 64 years old. All the age groups are shown below:



Ethnicity

Most people were White British. This matches the population of the area where the medical practice is based:

- 70 people said they were White British
- One person said they were Asian British/Indian
- One person said they were Asian/Asian British: Bangladeshi
- One person said they were Black/Black British: African
- One person said they were Black/Black British: Caribbean
- One person said they were Mixed/multiple ethnic groups: Asian and White
- One person said they were White: Any other White background
- One person preferred not to say.

Disability and long-term conditions

We asked the people we spoke to if they have a disability:

- 44 people said that they have one or more disabilities
- 38 people said that they did not have a disability
- Three people preferred not to say.

We asked if people would share information about their disability with us:

- 18 people told us they have a mental health condition
- 17 people told us they have a physical or mobility impairment
- 15 people told us they have a long-term condition
- Three people preferred not to say
- Two people selected other
- One person said they have a sensory impairment.

We asked if people would share information about their long-term condition(s).

83 people answered this question. 27 people told us they didn't have a long-term condition. Some people selected more than one condition:

- 16 people said they had asthma, COPD, or another respiratory condition
- 15 people said they had a musculoskeletal condition
- Ten people had diabetes
- Nine people said 'Other' for a condition not listed
- Eight people said they had a cardiovascular condition, including having suffered a stroke
- Seven people had hypertension
- Six people had cancer
- Three people preferred not to say
- One person had a hearing impairment
- One person had dementia
- One person had a learning disability.

Carer status

We asked people if they consider themselves to be a carer. 83 people answered this question.

- 18 people told us they considered themselves to be a carer

- 65 people said they didn't consider themselves as a carer.

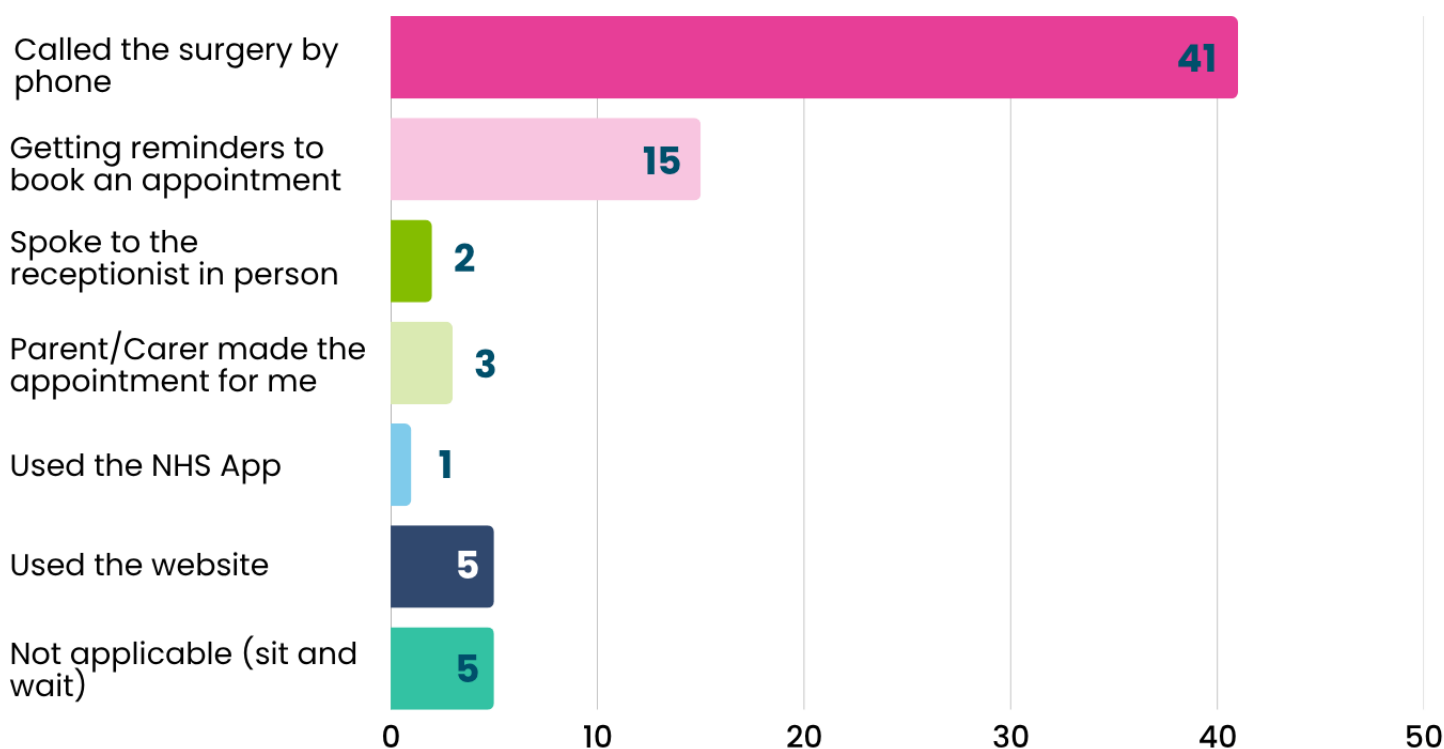
The medical centre wanted to know if someone who regarded themselves as a carer was registered as a carer with them.

- Two people said they were registered as a carer
- 16 people said that they weren't registered as a carer.

What did we see and what did people tell us?

Appointment booking

We asked how people made their appointments. We provided the range of options available to patients, parents and carers. 94 people answered this question as per the graph below:



We asked how satisfied people were when booking their appointment. 88 people answered this question.

- **59 people** were very satisfied when making their appointment
- **25 people** were satisfied when making their appointment
- **Three people** were neither satisfied nor dissatisfied when making their appointment
- **One person** was very dissatisfied when making their appointment.

The person who was very dissatisfied told us:



"Depending on who I speak to depends on the outcome regarding getting an appointment. In a previous appointment I was told by the doctor to make another appointment if [my condition] deteriorated.

"There was deterioration. I called the next day. Told I would have to have an appointment in a month as it is a repeat appointment. I needed to be persistent to get an appointment earlier."



However, most feedback was positive:



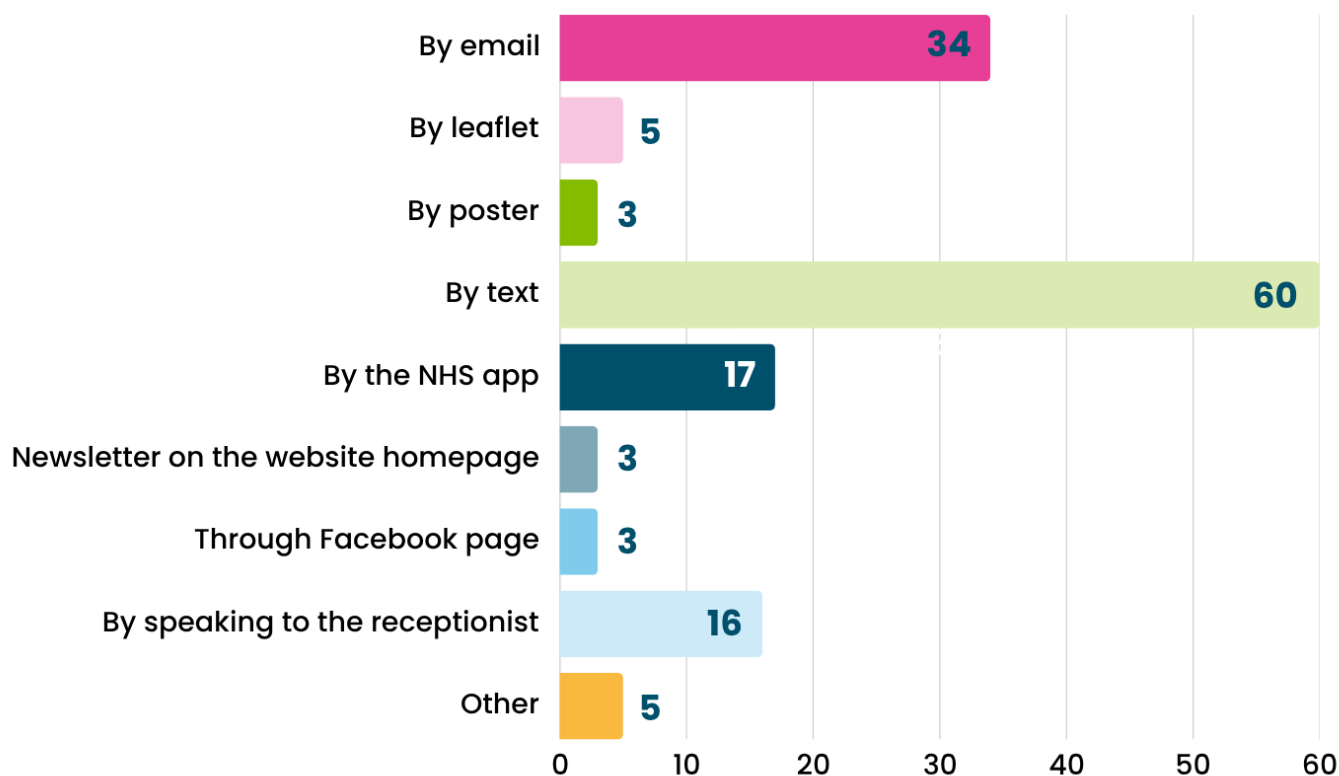
"The staff are friendly and helpful"

"It's always good".



Communication

We asked people how they wanted the medical centre to tell them about the services they offer. 92 people answered this question. We invited people to select more than one answer.



This told us that most people want to be kept informed by text. However, all communication sources are being used. Those who selected 'Other' said they would like communication by telephone or letter.

The enter and view officer spoke with a couple who had completed the survey. One of them shared their experience:



"We moved up from Cornwall. This is the best clinic I've ever been to. I'm 60 and recently started on blood pressure tablets. The clinic called me every week to check on how I was doing."



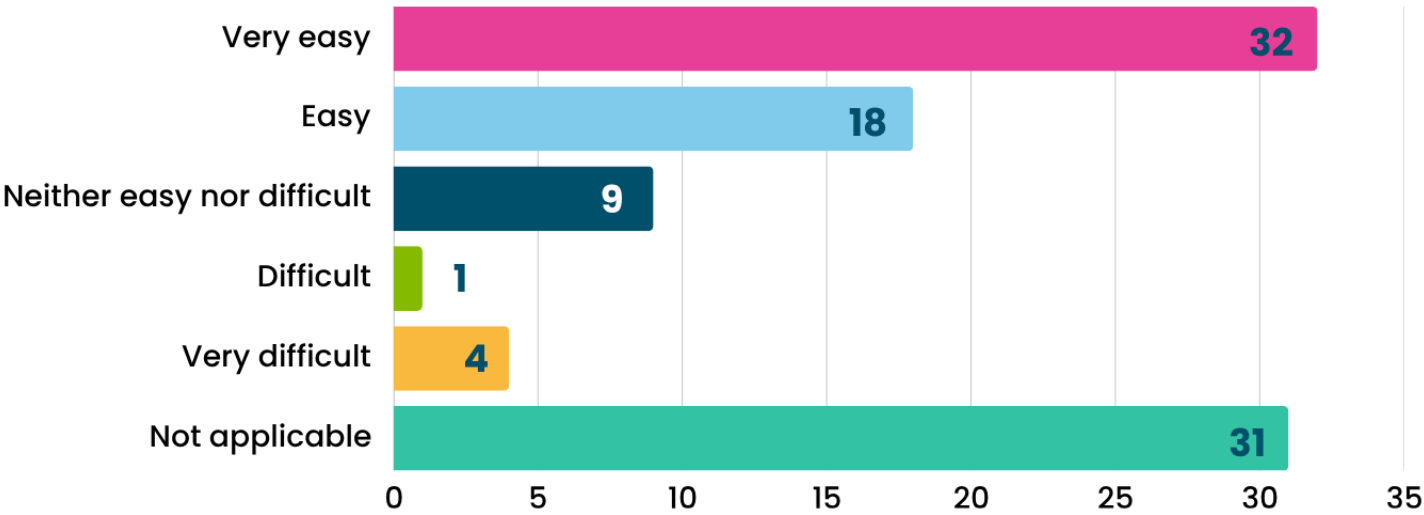
This feedback highlights the medical centre's flexible and proactive approach to meeting patients' needs.

A member of staff also spoke to the enter and view officer. This staff member said that she enjoys working at the medical centre and appreciates that, where it can be, it is patient-led.

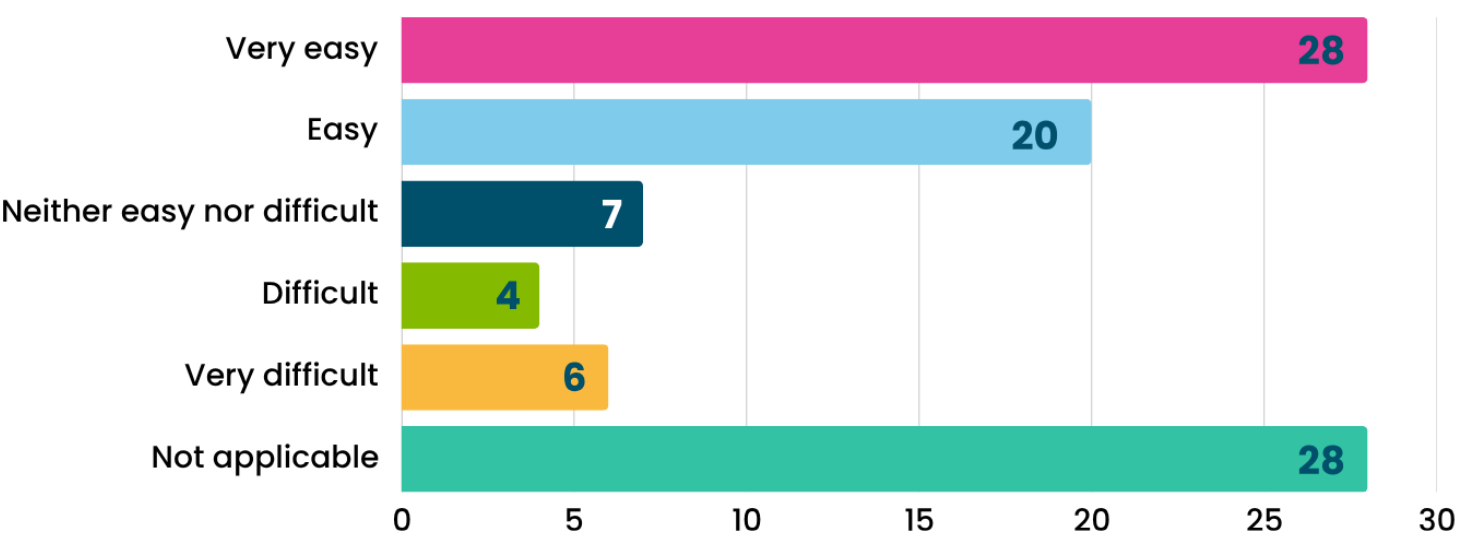
Website system, telephone system and NHS App feedback

The medical centre wanted to know how easy people find using the different systems to contact them including the website, telephone and NHS App.

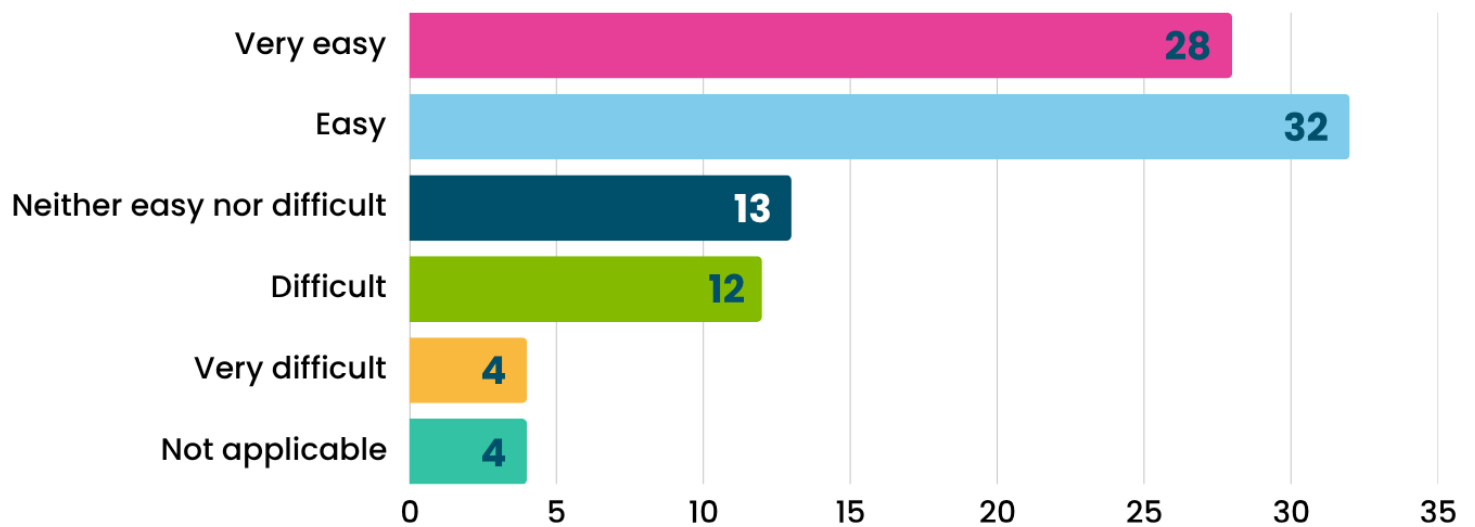
95 people answered the question on how easy they find using the website to access information.



93 people answered the question on how easy they find using the NHS App for booking appointments, viewing their records or ordering prescriptions.



93 people answered the question on how easy they find the current telephone system to book appointments or access information.



This told us that most people who completed the survey found the website, telephone and NHS App either very easy or easy to use. 63 people selected not applicable for at least one system.

16 people selected difficult or very difficult to use the current telephone system.

Feedback told us that this often related to the waiting time before speaking to someone. People told us that it can be difficult to get through on the phone and there can be a long wait before speaking to someone.

Two people told us that phoning the medical centre on the day can be difficult when you work.



“Normally very difficult, long wait.”



“No good for people working normal hours.”

People told us that the NHS App was “easy for repeat prescriptions”. Other feedback included:



“[I don’t] use the app to book appointments but use it to view appointment notes.”

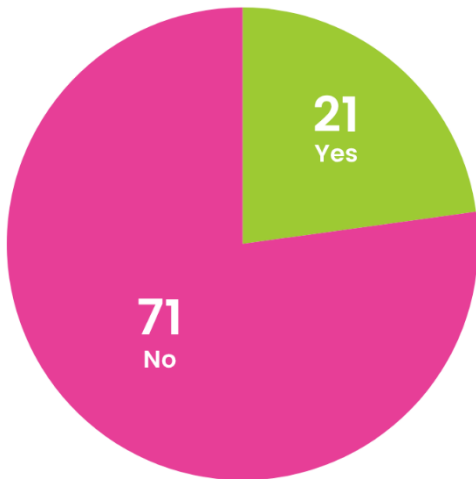


Recommendation 1:

It could be beneficial for the medical centre to understand about why more people aren't using the website or telephone system.

Recommendation 2:

It could be beneficial for the medical centre to understand why people find the website and NHS App difficult to use.



The medical centre wanted to know if people are aware that they offer NHS App training to patients and their carers.

92 people answered this question. 71 people said they didn't know that training was available.

Recommendation 3:

Understand why people are not aware of the NHS App training to then be able to promote it better.

Health and wellbeing drop-in

Somercotes Medical Centre is part of the Alfreton, Ripley, Crich, Heanor (ARCH) Primary Care Network (PCN).

ARCH is a GP partnership which aims to improve care and outcomes for people who access their medical centres.

The health and wellbeing drop-in sessions offer health checks. Health checks include checking blood pressure, weight management and more. Other support services are also available, including help with money and mental health.

The medical centre wanted to know if the people who use their services are attending these drop-in sessions.

90 people answered this question:

- **Seven people** said 'Yes', they had attended a health and wellbeing drop-in
- **Eleven people** told us they didn't know about the health and wellbeing drop-ins
- **72 people** said they had not attended a health and wellbeing drop-in.

One person shared:



"They are always on a Monday and I'm always busy on a Monday."



Another person told us:



"... would like to but because of my disability I cannot get to them."



Recommendation 4:

Consider asking people what barriers are stopping them from attending the health and wellbeing drop-ins.

Recommendation 5:

Review the offer of health and wellbeing drop-ins and look to run these on different days of the week.

The medical centre website does not promote the health and wellbeing drop-ins to increase access to this service.

Recommendation 6:

Further promote the health and wellbeing drop-ins on the website.

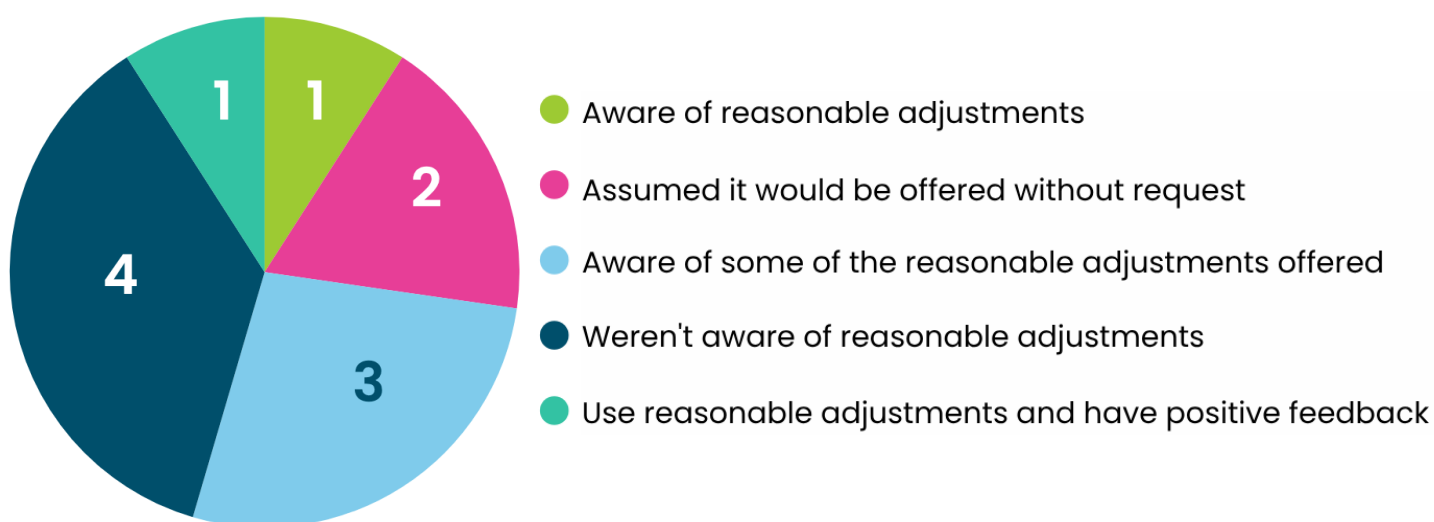
Consider adding the health and wellbeing drop-in information under the services heading.

Reasonable adjustments

We asked people if they knew that they could request reasonable adjustments. 89 people answered this question.

Reasonable adjustments are changes that could improve a person's appointment, such as a quiet space, a darker room, or a longer appointment. Such adjustments can help to make a person more comfortable when they visit the medical centre.

- **50 people** told us they did know they could request reasonable adjustments
- **39 people** told us that they didn't know they could request reasonable adjustments.



Eleven people shared feedback on this question about reasonable adjustments. Two people told us that they currently access reasonable adjustments.



"I have an autistic daughter. The medical centre provides a quiet space."



Four people who told us that they were not aware of reasonable adjustments.



"I didn't know but will keep it in mind."

"I just assumed you only have limited time with the doctor."



We looked at the responses from people who told us they have a disability or long-term health condition.

Four people told us they had a physical or mobility impairment and suffered with at least one long-term health condition. This showed us that some people would benefit from reasonable adjustments. One person said:



"Useful to know now."



Recommendation 7:

Increase awareness of the availability of reasonable adjustments.

- Utilise the screen in the waiting area
- Provide information on the medical centre's notice boards in the waiting area
- Add information about reasonable adjustments to the website's appointment page
- Think further about how to let people know they can ask for helpful changes. Consider this both during appointments and other communication tools.

Carer registration

We asked people if they consider themselves to be a carer. We also asked if people are registered as a carer with the medical centre.

- **18 people** said they consider themselves to be a carer
- **Two people** told us they are registered as a carer
- **16 people** said 'No', they are not registered as a carer.

Eight people provided feedback on their response to this question. This feedback told us that more information could be beneficial.



"I didn't know I had to be."

"... because I am too young."

"Because she [mum] lives in Nottinghamshire."



Recommendation 8:

Consider raising the awareness of what a carer is:

- Utilise the notice boards, waiting room screen, and other communication tools to tell people what a carer is
- Consider promoting the benefits for those who are carers to tell the medical centre why it would be helpful to them
- Provide information on who can access these benefits.

The website

The Healthwatch staff and volunteers looked at the website. Most volunteers found the language used on the website understandable. Feedback included:



"The words on the site are easy to understand."



However, volunteers noticed that some sentences were not as easy to read. One volunteer thought the word 'triaged' might not be easy to read for some people. Another Healthwatch volunteer thought this statement was difficult to understand:

'To make the best use of time, we run a full appointments system with both routine and on the day appointments offered. In the first instance patients are phone triaged by the GP to access their needs and if they are needed to be seen face to face then the GP will directly book.'

Recommendation 9:

Increase accessibility of the website by reviewing language through the NHS Medical Document Readability Tool website: [NHS Document Readability Tool](#).

The volunteers told us that they couldn't find 'accessibility aids' with ease on the website. This included:

- The ability to translate the information into another language
- The ability to enlarge text.

The volunteers used different approaches to achieve larger text:



"There is no direct option to change text size, though users can zoom in and out on their device."



Another volunteer told us:



"I cannot see a translate facility. I looked to see if there is the ability to increase the font size but could not see how to do this using the website itself."

"I used the search box for easy read. This takes you to an accessibility statement. There is a number to call for people that want to page in different formats."



The Healthwatch enter and view officer and the volunteer coordinator found the accessibility links. These were under the 'website policies' link at the bottom of the page. Clicking on this gave instructions on how to make some changes such as, increasing font size and changing the screen colour.

This function also changes its instructions to the device being used; laptop or mobile phone for example. However, the link was not easy to find.

The title of the link doesn't tell users what it is. There are a lot of instructions to follow to make any changes.



Recommendation 10:

Improve accessibility of the website:

- Make the accessibility option easier to find
- Rename accessibility option to reflect what it does
- Provide a quicker way for users to make the changes they need
- Increase the accessibility of the website with a 'Select Language' option.

Volunteers told us that more images would be beneficial. The volunteers said that including a photograph of the building and car park on the website would be helpful for new people coming to the medical centre.

Recommendation 11:

It would be helpful to add images of the medical centre entrance and car park to the website. This will provide a visual aid for people accessing the medical centre for the first time.

Volunteers were asked if anything would improve the website. The volunteers thought it would be useful to add information about getting to the medical centre, such as directions, bus information and information about parking.

Recommendation 12:

Consider providing directions, bus information and information about parking on the website to widen accessibility for all.

Parking

There is a large car park available for people accessing the medical centre. There is no charge for the car park and there is no time limit for parking. There are blue badge parking spaces available.

Locating building and signage

The website provides the address and postcode. When using a satnav, this brings you to the medical centre.

One AR said:



"Without the satnav telling me to turn into the car park, I think I would have driven past. Partly because the traffic was quite busy."



Another AR commented:



"Yes, there is a drop-off point but not signed at all."



Recommendation 13:

Consider what signage is needed to improve people finding the medical centre. Speak to people new to the medical centre to understand their experience of getting there.

Once arrived at the medical centre the building is well signed.



Signage

Once inside the medical centre, there was good signage available. The Healthwatch Derbyshire volunteer completing the accessibility audit commented that he liked that there was a door labelled 'blood clinic' rather than phlebotomy.

Both this volunteer and ARs noted that there did not appear to be any visible signs for the toilet at reception or in the corridor. Once located, the signs on the door were clear.

Recommendation 14:

Consider providing toilet signs to aid people to find the toilets

Toilet signs on doors to enter the toilets were clear. There weren't any signs on the inside of the toilet doors to support people affected by dementia exiting the toilet.

Recommendation 15:

Improve dementia friendly signage by providing an exit sign on the inside of the doors within the toilet area.



The accessibility audit volunteer liked the sign about chaperones.

These signs were on some of the clinic room doors. The accessibility audit volunteer felt there should be one displayed in the reception area too.

The chaperone policy was seen in one of the consultation rooms and in the waiting room.

The accessibility audit volunteer asked why the this easier to understand chaperone sign shown here was not displayed instead of the policy.

Recommendation 16:

Consider replacing the chaperone policy with the easier to understand chaperone sign.

Consider having a chaperone sign on all clinic room doors.



The accessibility audit volunteer noticed a sign next to the blood pressure machine which he found the wording difficult to understand.

After reading more than once, this volunteer was unsure what was being asked.

Recommendation 17:

Consider re-wording the sign next to the blood pressure machine to make it easier to understand.

The enter and view officer, the Healthwatch volunteer coordinator and an AR overheard a couple of conversations taking place at the reception desk. There didn't appear to be the option of a confidential space where such conversations could take place.

We were told that a confidential space can be requested. There wasn't any signs to offer this to those who might want it.

Recommendation 18:

Make it clearer that people can make confidential requests at reception. Signage would help, for example, "Ask here for private discussions."

Reception

The reception area is welcoming, and most people were welcomed by the receptionist.



The receptionist would leave the desk occasionally when dealing with a query.

At certain times during the day this was a very busy space. If no one was available at reception there is a sign to ask people to sign in electronically or to ring the doorbell to notify of their arrival.



The accessibility audit volunteer asked if there was a hearing loop for those with hearing aids. It was confirmed that the medical centre had a hearing loop but following a recent reception renovation staff were not sure where this was.

Recommendation 19:

Increase accessibility for people with hearing aids:

- Provide a hearing loop

- Provide signage to advise of hearing loop once purchased.

The accessibility audit volunteer found entry into the medical centre straightforward. This volunteer asked if the doorways were wide enough if he had attended on his mobility scooter. Staff assured him that they have people attending on scooters and wheelchairs and the doorways are wide enough.

When leaving the medical centre there is a sign asking you to push the button when the door is closed. The accessibility audit volunteer could not see the button that would need to be pushed to exit. The enter and view officer had to ask to be let out.



The button for exiting was located on the wall to the left in a location that is not near to the door. This volunteer said he would have needed to ask the staff to let him out.

Recommendation 20:

Provide clear signs to help people easily find the exit button.

Waiting area



The waiting area is a bright space. During the day the windows were open keeping the space fresh.

There was lots of information available on the notice boards, and these were tidy with a mix of font sizes and topics covered.

The waiting area provides several types of chairs with space to access these chairs. All chairs were movable to allow for wheelchairs and prams.

We asked people if there were any changes that could improve the waiting area. 88 people answered this question.

- **69 people** told us 'No', the waiting area doesn't need improving
- **19 people** told us 'Yes', there are changes that could improve the waiting area.

25 people provided feedback to their answer:

- **Three people** commented on the space being busy at times and there wasn't a quieter space
- **Three people** commented on the need for more chairs
- **Three people** commented on the need for more space.

Recommendation 21:

Consider if and how the waiting area could work better during busy times.

Suggestions for how the waiting area could be improved included:

One person commented on the screen in the waiting area:

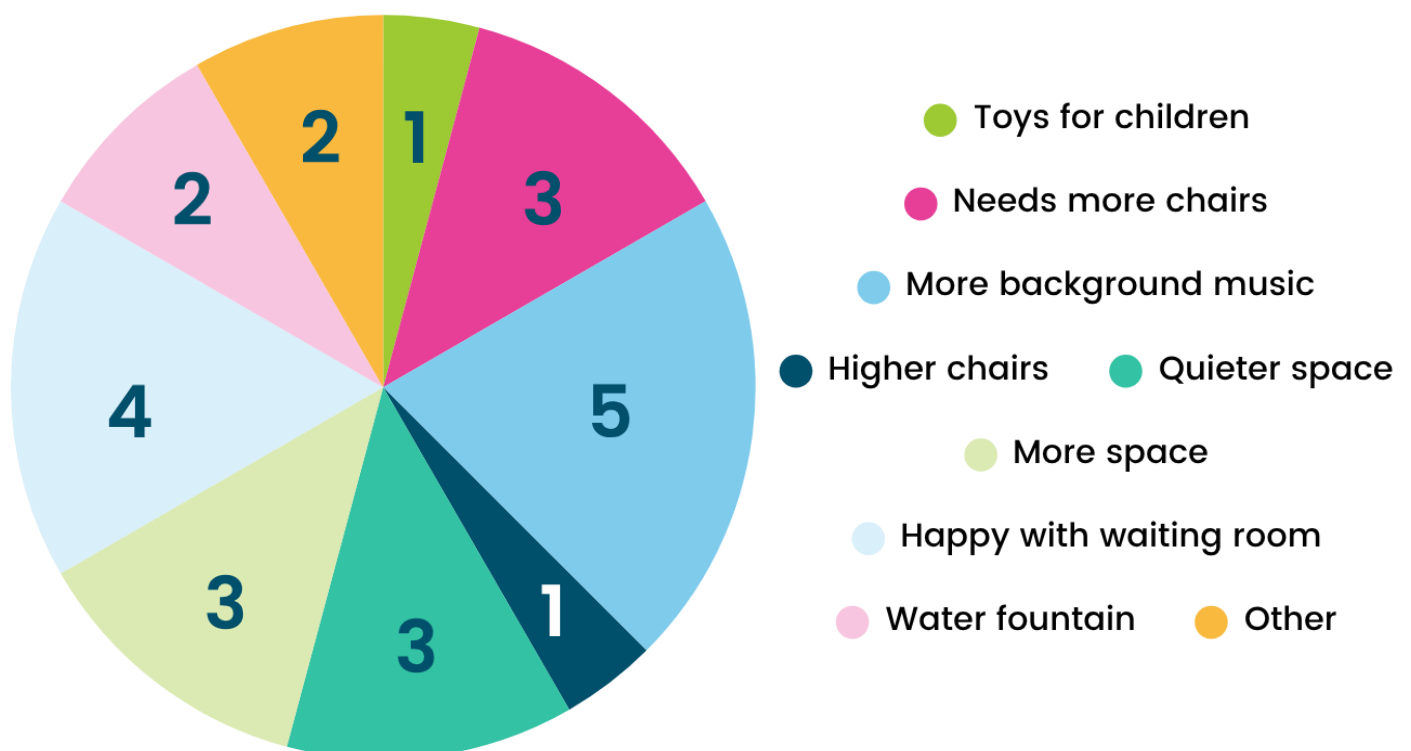
“Longer loops, irritating when hearing the same thing over and over.”

One person who struggled with his knees mentioned:

“Higher chairs for knee issues or chair pads to raise them.”

Two people and an AR commented that there isn't any water available. One person also suggested:

“More toys for kids whilst waiting, sometimes there are long waiting



Recommendation 22:

It may be useful to ask parents and carers if the waiting area could be better when attending with children.

Recommendation 23:

Consider a water station or an option for people to access water when needed.

Recommendation 24:

It would be helpful to ask people attending the medical centre what their views are on having music playing in the waiting room.

Conclusion

Most feedback about Somercotes Medical Centre was positive. The area that most people commented on was the waiting time when phoning the medical centre.

However, many people said they were happy with the quality of care provided.

There could be some improvement with signage, both outside and within the medical centre. This includes signage to the toilets and dementia friendly signage to exit the toilet.

Increasing the awareness of what a carer is and the support available to carers would benefit those who have caring responsibilities.

An increased awareness of the NHS App training available would benefit people who need this support.

Increasing the awareness of the health and wellbeing drop-ins and reviewing the days they run would also benefit people. With awareness of these options, more people may access these drops-ins.

The medical centre provides reasonable adjustments to improve people's experience.

The medical centre is to continue using all communication tools, like the screen in the waiting area, to let people know about reasonable adjustments.

Talking to people during their appointments could help them access the reasonable adjustments available to them.

Communication with the medical centre was mostly positive with most people telling us they found it very easy or easy. The website is a popular place for people to gain information and would benefit from some changes to increase its accessibility.

The medical centre is a welcoming, clean and open place. Access to a hearing loop would make it more accessible to those with hearing impairments.

The waiting area, during busy times, can be difficult for people due to the lack of space. The medical centre would benefit from reviewing if the waiting area could work better during busy times.

The medical centre is to continue to use its communication tools to keep patients, parents and carers informed. This will support the continued sharing of information of new or lesser-known services.

What should happen next?

The information in this report is intended to support Somercotes Medical Centre in reaching its goal of improving the patient and carer experience.

In line with Healthwatch Enter and View requirements. Healthwatch Derbyshire expects to receive acknowledgement from Somercotes Medical Centre regarding this report and its recommendations. Response should be received within 20 working days of its receipt. If needed, an action plan should be developed within 30 working days.

Responses to our recommendations from Somercotes Medical Centre are below.

What has happened so far?

	Recommendations for improvement	Provider response:
1	It could be beneficial for the medical centre to understand more about why people aren't using the website or telephone system.	We use patient surveys to try and understand patients' views on best communication styles. We do take on board frustrations.
2	It could be beneficial for the medical centre to understand why people find the website and NHS App difficult to use.	We ran a pilot last year where the local social prescriber team ran sessions to get patients on the NHS App. Some patients don't have smartphones.
3	Understand why people are not aware of the NHS App training to then be able to promote it better	We are using the promotion materials available so that patients understand the website/NHS app more.
4	Consider asking people what barriers are stopping them from attending the health and wellbeing drop-ins.	This will be a question we use on the upcoming patient survey we are doing in December.
5	Review the offer of health and wellbeing drop-ins and look to run these on different days of the week.	Noted.
6	Further promote the health and wellbeing drop-ins on the website. Consider adding the health and	Noted.

	wellbeing drop-in information under the services heading.	
7	Increase awareness of the availability of reasonable adjustments. • Utilise the screen in the waiting area • Provide information on the medical centre's notice boards in the waiting area • Add information about reasonable adjustments to the website's appointment page. Think further about how to let people know they can ask for helpful changes. Consider this both during appointments and other communication tools.	I have asked our website provider to update website with a section in the appointments/accessibility section on reasonable adjustments and how to ask for them. We did send a text message out a while ago asking patients if they needed reasonable adjustments – the text had the facility to respond to us. I will put a notice on the notice board and TV screen – I have updated my to do list with this action.
8	Consider raising the awareness of what a carer is: • Utilise the notice boards, waiting room screen, and other communication tools to tell people what a carer is • Consider promoting the benefits for those who are carers to tell the medical centre why it would be helpful to them	Annually we do a piece of work on carers and updating patient records. We send messages out but I will add it to the patient noticeboard, so people update their records.

	Provide information on who can access these benefits.	
9	Increase accessibility of the website by reviewing language through the NHS Medical Document Readability Tool website: NHS Document Readability Tool .	Noted.
10	Improve accessibility of the website: • Make the accessibility option easier to find • Rename accessibility option to reflect what it does • Provide a quicker way for users to make the changes they need. Increase the accessibility of the website with a 'Select Language' option.	I have asked our website provider if this can be done and I'm awaiting a response.
11	It would be helpful to add images of the medical centre entrance and car park to the website. This will provide a visual aid for people accessing the medical centre for the first time.	We are reviewing how we can improve access to the medical centre for those attending for the first time.
12	Consider providing directions, bus information and information about parking on the website to widen accessibility for all.	Sent this to our website provider and added journey planning tools to website.

13	Consider what signage is needed to improve people finding the medical centre. Speak to people new to Somercotes medical centre to understand their experience of getting there.	Noted.
14	Consider providing toilet signs to aid people to find the toilets	Ordered.
15	Improve dementia friendly signage by providing an exit sign on the inside of the doors within the toilet area.	Ordered.
16	Consider replacing the chaperone policy with the easier chaperone sign. Consider having a chaperone sign on all clinic room doors.	These are NHS standard chaperone posters – they are now on every door. Added to TV screen in waiting room.
17	Consider re-wording the sign next to the blood pressure machine to make it easier to read and understand.	I have reworded with the following: Please give your completed form directly to the receptionist. Don't leave it on the desk – we need to check your form and your blood pressure reading from the machine.
18	Make it clearer that people can make confidential requests at reception. Signage could help, for example, "Ask here for private discussions."	Done and put where patients can see.

19	Increase accessibility for people with hearing aids: • Provide a hearing loop • Provide signage to advise of hearing loop once purchased.	Noted.
20	Provide clear signs to help people easily find the exit button.	Ordered.
21	Consider if and how the waiting area could work better during busy times.	Ordered.
22	It may be useful to ask parents and carers if the waiting area could be better when attending with children	I will add this question to the patient survey.
23	Consider a water station or an option for people to access water when needed.	We have looked at this, but the cost is just out of our budget
24	It would be helpful to ask people attending the medical centre what their views are on having music playing in the waiting room.	I will add this to the patient questionnaire.

Thank you & Disclaimer

Thank you

We would like to thank the staff of Somercotes Medical Centre for their support in setting up this Enter and View visit. We would also like to say thank you to the practice manager and wider team who made us feel welcome.

A special thank you is also extended to the people who agreed to speak with during our visit and contributed to this report.

Disclaimer

This report relates to findings gathered when visiting Somercotes Medical Centre on the 10 June 2025. It provides an account of what was observed by our enter and view officer, ARs, volunteer coordinator, accessibility audit volunteer and the feedback we gathered at the time of the visit. It also provides an account of our volunteers' experience of the website.

Enter and View visits are not inspections but are an opportunity for people to share their views on their care. It is not the role of Healthwatch Derbyshire to see evidence of policies, procedures, care plans, or any other written evidence.

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