

Enter & View Visit Report

Leighton Road Surgery

Monday 30th June 2025

Content...



Acknowledgements

P3

Strategic drivers

P4

Summary Overview

P18

Disclaimer

P3

Methodology

P5

Recommendations

P20

What is Enter & View?

P3

Summary of findings

P7

Service Provider Response

P23

Purpose of the visit

P4

Results of visit

P13

Details of visit

Service address:	Unit 6,7,8 Ridgeway Court, Grovebury Road, Leighton Buzzard, Bedfordshire, LU7 4SF
Service Provider:	Leighton Road Surgery (Grovebury Road)
Date and Time:	Monday 30th June 2025, 10am – 1pm
Authorised Representatives:	Victoria Bloxham, Gill Hiscox, Mandy Haslam
	Healthwatch Central Bedfordshire
Contact details:	Capability House, Wrest Park, Silsoe, Bedfordshire, MK45 4HR
	Tel: 0300 303 8554

Acknowledgements

Healthwatch Central Bedfordshire (HWCB) would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above.

Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being managed and make recommendations where there are areas for improvement.

The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and care workers on premises such as hospitals, residential 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 we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. 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.

Purpose of the visit

- To engage with patients and understand how dignity is being respected in a GP Surgery environment.
- Identify examples of good working practice.
- Observe patients engaging with staff and their surroundings.
- Consult with patients and staff about their experience of the environment within the surgery and how care is delivered.
- Engage with the clinical and administrative practice team to gather insight into resource, working culture, staff experience, with feedback regarding their view of service provision.

Strategic drivers

- **In response to patient feedback:**
To examine patient feedback regarding surgery-patient communication, difficulties navigating the on-line eConsult appointment system and prolonged waiting times for appointments.
- **Gathering Current Patient Experiences:**
To understand current patient perspectives on access to services, the quality and continuity of care received, and overall quality of service. Our visit is prompted by the announcement from ELFT in January 2025, of its intention to terminate its subcontract for back-office arrangement with Leighton Road Surgery.
- **Evaluating Patient Engagement:**
To evaluate how well the surgery's patient engagement strategies are working, including complaint handling and the Patient Participation Group (PPG), to ensure patient voices are heard and their feedback is acted on.
- **Supporting Continuous Improvement:**
To provide constructive feedback and recommendations that assist Leighton Road Surgery in enhancing service delivery, patient satisfaction and compliance with regulatory standards.

Methodology

This was an announced Enter and View Visit.

The purpose of this Enter & View Visit to Leighton Road Surgery, was to gather insight from patients and staff, evaluate the surgery's environment, its service delivery, and identify recommendations for improvement.

The visit was prompted by significant patient feedback gathered during HWCB's 'Just Ask' outreach event in Leighton Buzzard on 13th May 2025. During this event, many individuals reported challenges with the eConsult online system and extended waiting times for appointments at Leighton Road Surgery. Patients also reported persistent difficulties with the surgery's communication methods, citing issues with both outbound information and their ability to respond and discuss further.

Additionally, many patients voiced concerns about the surgery's complaints procedure, reporting that once a complaint is submitted, the response is often inadequate and lacks meaningful two-way communication or timely updates.

The announcement of ELFT's intention to withdraw from Leighton Road Surgery has prompted a strong response from both patients and the wider community. Concerns have been raised about staff wellbeing, patient anxiety over the future quality and stability of services, and the surgery's history, notably its 'inadequate' CQC rating in 2019 prior to ELFT's involvement, all of which have contributed to a growing sense of unease.

A letter outlining our intention to visit was sent to the surgery in advance, on 18 June 2025. This correspondence included Healthwatch posters to inform patients of the upcoming visit, a Pre-Visit Questionnaire for the Practice Manager, and 'Your Voice Counts' leaflets to encourage patient engagement.

On the day of our visit, we observed that the posters were prominently displayed in the main reception area, ensuring visibility to all visitors. In addition, the surgery proactively informed patients of our presence by using their text messaging service, demonstrating a commitment to transparency and patient awareness.

To support the collection of meaningful feedback, a survey box and accompanying forms were placed in the surgery's waiting room one week prior to the visit. This allowed patients the opportunity to share their experiences and insights at their convenience.

Upon arrival, we were warmly welcomed by the Clinical Lead GP, Operations Manager, Practice Manager, and Patient Participation Lead.

Structured and in-depth interviews were conducted with a range of staff, including the Practice Manager, Clinical Lead GP, Operations Manager, Patient Participation Lead, Pharmacist, Nurse, and two Medical Secretaries. These discussions provided valuable insight into the surgery's operations and staff experiences.

In total, thirty-four patients shared detailed feedback through a variety of channels, including face-to-face interviews, telephone conversations, email correspondence, and completed surveys.

To gain a clearer understanding of the surgery's day-to-day operations, we also observed the environment, paying particular attention to the interactions between patients and staff.

At the conclusion of our visit, we shared our initial findings with the Practice Manager, Operations Manager, and Clinical Lead GP, and outlined the process for publishing and distributing the final report.

Summary of findings

Leighton Road Surgery is a large practice, serving approximately 22,000 patients in the local community of Leighton Buzzard and surrounding areas.

The practice consists of the following staff:

- 26 GP's – 9 salaried GP's, 2 partners subcontracted to ELFT, 14 ELFT Sessional GP's, 1 PCN GP
- 6 Practice Nurses
- 2 Nurse Prescribers
- 3 Healthcare Assistants
- 3 Pharmacy Staff
- 21 Reception and Administration Staff including GP Support Unit
- 3 Medical Secretaries
- PCN Hub Staff

The surgery offers a comprehensive range of services and specialist clinics designed to meet the diverse healthcare needs of its patient population. These include phlebotomy, chronic condition management (such as asthma, COPD, and diabetes), vaccinations, cervical screening, wound care and dressings, ECG monitoring, warfarin management, minor illness and complex care clinics, contraception services, NHS health checks, medication reviews, and minor surgery. In addition, the surgery provides home visits and supports patients in care homes, ensuring continuity of care beyond the practice setting.

In 2016, Leighton Road Surgery and Grovebury Road Surgery formally merged to form a single practice, now known as Leighton Road Surgery, operating across two sites. While 1 Leighton Road remains the original location, the majority of patient care is delivered at the Grovebury Road branch, which benefits from a larger and more modern facility. Nonetheless, certain minor surgical procedures and clinics continue to be carried out at the 1 Leighton Road site. Both locations are managed as one practice, sharing the same leadership team, clinical protocols, administrative processes, and staff.

The current contract for General Medical Services at Leighton Road Surgery is managed by Dr Venkataram and Dr Ashar.

Since 2020, East London NHS Foundation Trust (ELFT) has provided enhanced management and clinical support across both Leighton Road Surgery sites. However, in January 2025, ELFT formally notified its intention to terminate its current contract. In addition, Dr Venkataram and Dr Ashar have given notice to end their General Medical Services (GMS) contract, which is now set to conclude on 31 October 2025. Responsibility for securing a sustainable, long-term provider now lies with the Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB), to ensure the continued delivery of GP services to the local patient population.

Leighton Road Surgery is located on Grovebury Road, approximately three miles from Leighton Buzzard town centre, near a local industrial complex. While there is no prominent signage from the roadside, the building itself features clear and visible signage, making it easy to identify once located. The site is accessible and straightforward to reach.

The surgery is served by several bus routes, with many stopping nearby at Grovebury Retail Park, offering convenient public transport access for patients. The building is a two-storey, brick-built structure covering approximately 4,400 square feet.

Access for wheelchair users is supported via a ramp leading to an automatic entrance door, ensuring step-free entry.

Inside, the ground floor features a spacious reception area to the left and a corridor to the right, which leads to a secondary waiting area and multiple treatment rooms. Both stairs and a lift provide access to the upper floor, which houses the surgery's administrative offices and meeting rooms.

Several well-maintained notice boards were observed throughout the building, displaying a range of themed posters, leaflets, and general patient information. These were clear, organised, and easy to navigate.

Toilets are available throughout the building, including two accessible toilets for disabled patients. All facilities were found to be clean and in good working order. One observation, noted both by a patient and a HWCB representatives, highlighted that a disabled toilet overlooking the car park, despite having opaque glass, would benefit from the addition of a blind to further enhance privacy.

The surgery premises were generally well-maintained, with a good standard of cleanliness and décor throughout.

Adequate seating is provided in both the reception and main waiting areas. However, there was a limited variety of seating options, particularly chairs with arms or varying seat heights, which could better accommodate patients with different mobility or support needs.

All treatment rooms are located on the ground floor, ensuring step-free access for patients using wheelchairs or pushchairs. Additionally, a spare wheelchair was available near the entrance for patient use. Should access to the first floor be required, a lift is available.

HWCB representatives did not observe any signage indicating the availability of a hearing loop, nor any information promoting translation or interpretation services. The absence of these provisions may present communication barriers for some patients, and their visibility is essential to ensure inclusive and accessible care for all.

A table in the main reception area has been designated as a self-service blood pressure station, allowing patients to monitor their blood pressure independently during their visit.

No specific waiting area was identified for parents with young children, and there were no visible amenities or activities available to engage children while they wait.

Although there is no dedicated space for breastfeeding, several unoccupied rooms were observed on both floors. These could be made available for breastfeeding or for private conversations, including discussions of a confidential nature, if required.

Externally, the surgery provides parking for approximately eight vehicles at the front and a further 18 at the rear, including designated Blue Badge spaces near the main entrance. Two bicycle racks are also available for patients and visitors.

While the surgery does not have an on-site pharmacy, there are around six pharmacies within the town, with Grovebury Pharmacy located nearby. A repeat prescription box is mounted on the wall in the main reception area, accompanied by clear contact details for the prescription telephone line and information about electronic repeat dispensing. A prominently displayed poster advises patients to allow seven full working days (excluding weekends and bank holidays) for prescription requests to be processed. However, the management team indicated that most prescriptions are typically completed within two working days, unless a medication review is required.

The surgery's complaints procedure, operated via the Patient Advice and Liaison Service (PALS), was displayed on a notice board in the main reception, making it visible and accessible to all patients. The information included clear contact details and explained that PALS aims to *"listen and respond to patients' concerns, suggestions or queries"* and will *"help sort out problems quickly on the patient's behalf."* However, the material did not include the word *complaint*, which some patients may find unclear or confusing when seeking to raise formal concerns.

Leighton Road Surgery is a recognised Veteran Friendly Practice and is part of the Armed Forces Veteran Friendly GP Practice Accreditation Scheme. The surgery has committed to providing a dedicated clinician with specialist knowledge of military-related health conditions and veteran-specific services.

A poster promoting this commitment was displayed in the main reception area. At the time of our visit, this provision was temporarily unavailable due to the departure of the Lead Nurse; however, the surgery is actively seeking a suitable replacement to continue delivering this specialist support.

The Grovebury Road branch of Leighton Road Surgery operates core opening hours from Monday to Friday, 8:00am to 6:30pm, with eConsult available from 7:30am. In addition, extended access appointments are offered every Tuesday evening until 8:30pm, and the surgery also opens one Saturday per month. Outside of these hours, patients are directed to seek support from NHS 111 or BEDOC.

In response to patient complaints about long telephone waiting times, the surgery transitioned to an eConsult-based appointment system in March 2025. Under this new model, patients are required to complete an online form via the surgery's website to request access to services. For patients without internet access, reception staff can complete the form on their behalf over the phone.

However, the majority of patient feedback about the eConsult system has been negative. Many patients criticised the length of the form, with several reporting that it could take ***"as long as 30 minutes to complete."*** Others expressed difficulty with the system's usability, stating that ***"initial navigation to the correct form on the website can also be difficult."***

The impact of the system on patients' wellbeing was also evident. One patient shared, ***"I can't face filling the form in, so will avoid going to the doctor."*** Another commented, ***"It's so stressful, most of the questions aren't even relevant to me."***

Patients who do not use the internet voiced particular dissatisfaction, citing challenges in reaching reception and expressing discomfort at having to share sensitive personal information with front-desk staff. One described it as ***"inappropriate."***

Despite concerns with access and booking, the surgery's check-in process was reported to be effective, with patients speaking directly to reception staff on arrival.

Appointment slots are generally 15 minutes in length; however, for the acute duty clinic, 10 minutes are allocated per patient.

While frustrations were expressed about the appointment system, many patients gave positive feedback about their clinical care. Several told us they were **"satisfied with the treatment and support"** they received. However, others raised concerns about time constraints during consultations. A common issue was the policy of discussing only one symptom per appointment. Patients said they **"find it difficult to prioritise their symptoms,"** and some noted that deciding which is **"most important"** is challenging. They also shared concerns that many conditions involve a cluster of symptoms and that limiting discussion to one issue may delay diagnosis and treatment.

Many patients also reported delays in securing appointments, saying **"it can take days to secure an appointment and sometimes weeks to see a doctor."** This has led to growing dissatisfaction, with several describing the current system as **"inefficient"** and **"inconvenient for the patient."**

Throughout our visit, HWCBC representatives found staff to be courteous and accommodating, offering support as needed. Staff expressed positive views about their colleagues and internal working relationships. However, it is clear that the uncertainty arising from ELFT's contract termination is contributing to a sense of instability. Initial feedback from staff suggested confusion and gaps in internal communication, although there are signs these issues are beginning to improve.

Results of Visit

Patient Feedback

Over a three-week period, 34 patients provided comprehensive feedback and insight through a variety of channels, including direct interviews, telephone calls, email correspondence, and structured surveys.

The dominant concern raised by patients was a widespread dissatisfaction with the lack of effective two-way communication between themselves and the surgery. Many described difficulties in engaging in meaningful dialogue, seeking clarification, or discussing their needs, which left them feeling ***“unheard”*** and that their ***“health issues and health restrictions are not being fully considered.”***

When asked, fewer than half of the patients interviewed were aware of how to make a formal complaint to the surgery. While Leighton Road Surgery currently utilises the Patient Advice and Liaison Service (PALS) to manage and respond to complaints, HWCB representatives were informed of issues with delayed and poor communication from PALS. Patients also reported a perceived ***“reduced sense of ownership and accountability”*** from practice management and clinical staff regarding the complaints process.

Feedback about the introduction of the eConsult system was mixed. A small number of patients expressed a preference for this digital access method, citing frustration with previous telephone waiting times. However, the majority shared a highly negative experience, highlighting significant barriers such as the form being lengthy, repetitive, and difficult to navigate, particularly when feeling unwell. One patient shared, ***“I find filling out the form stressful and upsetting when I am already feeling unwell.”*** Others told us, ***“the form can take half an hour to complete.”***

Crucially, many patients either do not have access to digital technology or lack the skills and confidence to use it. To accommodate non-internet users, the surgery has updated its voice message to instruct callers to stay on the line so that a receptionist can complete the form on their behalf. While this alternative exists, feedback about telephone access was mixed and generally negative. Some patients successfully booked appointments this way, but many expressed discomfort in sharing personal information with non-clinical staff, stating it felt **“inappropriate.”**

Patients also reported inconsistencies in the response times to completed eConsult forms. While a few patients received a response and an appointment within hours, many said it took more than a day. The majority said they waited several days, and in some cases, weeks, to see a clinician.

When asked whether they felt listened to and involved in decisions about their care, patient responses were divided. While many reported positive experiences with individual clinicians, others felt that time constraints impacted the quality of consultations. One patient commented that **“there is only enough time if you talk about one symptom,”** while another said the clinician **“needs to move on to the next patient.”** Several patients described a sense of being rushed, which left them feeling anxious and contributed to **“reduced patient trust.”**

Some were concerned that limiting consultations to one issue increased the risk of misdiagnosis or delayed treatment, especially for conditions that present with multiple, interrelated symptoms.

This approach also led to follow-up appointments to address unresolved concerns. Patients described this as an inefficient use of both their time and the surgery’s resources. To rebook, patients were required to submit a new eConsult form and wait again, often to see a different clinician, further compounding their frustration and anxiety.

Patients also highlighted delays with medication reviews. In some cases, this affected timely access to repeat prescriptions, which patients described as both **“stressful and inconvenient.”** One individual noted that he is only provided with a four-week supply of a daily medication that is crucial to his health, despite requesting a two-month supply to reduce the burden of repeat requests and travel to the pharmacy.

The majority of patients called for increased appointment availability and more consistent access to GP appointments to support continuity of care.

When asked whether they were aware of the option to request a male or female clinician, approximately half said they were, while the other half were unaware, but most stated this was not important to them.

Overall, patient feedback on the quality of care, treatment, and service at Leighton Road Surgery was mixed. While some patients described their experience as **“very satisfactory,”** others said they felt **“very dissatisfied.”**

Despite concerns around access and systems, the vast majority of patients spoke positively about the practice staff, describing them as helpful and polite. Appointment waiting times upon arrival were generally reported as acceptable.



Staff Feedback

During the visit, eight members of staff were interviewed, reflecting a cross-section of the practice team. This included the Clinical Lead GP, Practice Manager, Head of Operations, Patient Participation Lead, Pharmacist, Nurse, and two Medical Secretaries.

Despite the earlier announcement regarding East London NHS Foundation Trust's (ELFT) withdrawal and the termination of the General Medical Services (GMS) contract, staff spoke positively about their work. Several shared that, after a previously turbulent period, they now feel more settled and confident in their roles. Staff expressed a strong commitment to their patients and pride in the care they deliver, with one noting a renewed sense of purpose and stability despite the uncertainty ahead.

However, feedback also indicated that the impending structural changes have had an impact on team cohesion. Staff described a noticeable decline in cross-team collaboration and relationship-building within the wider practice, attributing this in part to the uncertainty surrounding the future of the service. One staff member commented that ***"it's harder to plan long term or build strong working relationships when the future feels unclear."*** As a result, some internal processes and communications were described as disjointed, and there was a sense of reduced strategic focus.

The surgery is currently experiencing workforce pressures, particularly within its pharmacy and nursing teams. While recruitment for a new Lead Nurse is actively underway, staff acknowledged the need for additional pharmacy support to manage patient needs and medication safety effectively.

Despite these operational challenges, staff consistently reported feeling well supported by their immediate colleagues, line managers, and the wider leadership team. Several described the management as approachable, responsive, and empathetic to the pressures they face.

This supportive culture has helped maintain morale, even as the practice navigates ongoing change. One team member remarked, ***“We may be short-staffed, but we do pull together.”***

Staff also expressed a desire for clearer communication about the transition process and the future of the surgery. Many said they would welcome greater transparency and involvement in shaping what comes next, emphasising the importance of staff voices being heard and valued during this period of change.

Environment

The Exterior

Leighton Road Surgery is a two-storey, brick-built premises covering approximately 4,400 square feet, located on Grovebury Road, around three miles from Leighton Buzzard town centre. Although there was no road signage directing patients to the site, the building itself is clearly marked with large, visible signage, making it easy to identify once in the immediate vicinity.

The surgery is situated on Ridgeway Court and shares the site with three other businesses. A large, shared car park provides clearly designated parking bays for each organisation, including a suitable number of accessible spaces for disabled visitors. This arrangement supports ease of access for all patients and visitors.

General Décor

The overall condition of the building—both inside and out—was observed to be clean, tidy, and well maintained. The décor throughout the premises was in good decorative order, contributing to a welcoming and professional healthcare environment.

Staff Observations

Staff were observed to be friendly, professional, and approachable, consistently presenting themselves in an appropriate and reassuring manner. Their interactions with patients and visitors reflected a positive and supportive practice culture.

Summary Overview

Leighton Road Surgery, located at Grovebury Road, is a large, two-site general practice serving approximately 22,000 patients. The multidisciplinary team includes 26 GPs (comprising 9 salaried GPs, 2 partners, 14 ELFT sessional GPs, and 1 PCN GP), alongside 6 Practice Nurses, 2 Nurse Prescribers, 3 Healthcare Assistants, 3 Pharmacy staff, 21 Reception and Administrative staff, and 3 Medical Secretaries. Since 2020, the practice has benefited from both clinical and management support provided by East London NHS Foundation Trust (ELFT).

In January 2025, ELFT formally announced its intention to terminate its contract. This was followed by notice from Dr Venkataram and Dr Ashar to end their General Medical Services (GMS) Contract by 31 October 2025. These announcements have introduced a period of considerable uncertainty, impacting the operational stability of the practice, staff morale, and patient confidence in the continuity of care.

Patient feedback highlights several areas of concern. Chief among them is a lack of effective two-way communication between the surgery and its patient population, which has contributed to feelings of being 'unheard' and overlooked. While the surgery uses the Patient Advice and Liaison Service (PALS) to manage complaints, patients and Healthwatch representatives have reported delayed responses and a perceived lack of accountability from within the practice.

The transition to the eConsult system in March 2025 was introduced to reduce telephone wait times and streamline access. However, patient experiences with the platform have been largely negative. Many cited challenges with form length, complexity, and digital access. A number of patients described the process as frustrating or emotionally distressing, particularly when already feeling unwell. Others were concerned about delays in response times, difficulties booking follow-up appointments, and the lack of continuity with clinicians. Although non-digital users are offered support via reception, this route has also raised privacy concerns for some patients when disclosing sensitive health information.

Clinical time pressures were another recurring theme. Patients expressed frustration at being limited to discussing a single symptom per appointment, leading to concerns about misdiagnosis, fragmented care, and the need to submit repeat eConsult's for unresolved issues.

Staff feedback was generally positive, with team members expressing satisfaction with their roles and a strong sense of camaraderie. However, the uncertainty surrounding ELFT's departure has strained team cohesion and led to reduced collaborative working. While staff reported feeling supported by their managers, current vacancies, particularly within the nursing and pharmacy teams, pose further pressure on service delivery. Staff also expressed a desire for clearer communication about the transition period and greater involvement in shaping the surgery's future.

Environmental observations found the premises to be well maintained, accessible, and in good decorative order. The staff were observed to be professional, friendly, and supportive throughout the visit. However, accessibility could be improved further by providing a designated children's area, enhanced breastfeeding provision, and clearer information about translation and hearing support services.



While the surgery has taken steps to improve access, such as offering extended hours, additional clinics, and digital triage, barriers remain. If not addressed, these may deter patients from seeking timely care and increase the pressure on urgent and emergency services.

Improving communication, simplifying access, resolving staffing shortfalls, and enhancing patient engagement should be prioritised to stabilise service provision and rebuild confidence in the quality of care at Leighton Road Surgery.

Recommendations

Review of eConsult Experience

- ⇒ Conduct a comprehensive review of the eConsult system, focusing on user experience and inclusivity. Involve patients with varying levels of digital literacy.
- ⇒ Clearly communicate the purpose and benefits of eConsult and explain how the triage process works.
- ⇒ Simplify and shorten the form where possible, removing unnecessary repetition and improving layout.
- ⇒ Introduce a general advice template for patients whose issues do not fall under specific categories.
- ⇒ Consider using dynamic questioning that adapts based on previous responses to avoid irrelevant questions.
- ⇒ Provide clear explanations for why specific information is needed, even when not immediately relevant to the primary concern.
- ⇒ Include functionality for administrative queries (e.g. fit notes, referrals).
- ⇒ Establish a dedicated phone line for non-digital users, staffed by trained receptionists who can sensitively support patients in completing forms.
- ⇒ Introduce a simple follow-up request process for patients who have already been seen and need further input, avoiding the need to complete a full eConsult form again.

Review of Triage Response

- ⇒ Implement a system to guarantee that eConsult submissions receive a timely triage response, ideally within a clearly communicated timeframe.
- ⇒ Review appointment slot allocation to ensure that on-the-day appointments are managed efficiently and equitably.

Communication

- ⇒ Establish a clear, consistent, and proactive protocol for two-way communication with patients. Consider creating a dedicated Patient Liaison role based at Grovebury Road.
- ⇒ Strengthen the Patient Participation Group (PPG) and promote involvement as a mechanism for ongoing dialogue and co-production.

Complaints Procedure

- ⇒ Reintroduce local handling of complaints to ensure patients feel heard and valued by the surgery.
- ⇒ Improve the quality and timeliness of complaint responses, ensuring patients are kept informed and offered opportunities for discussion.
- ⇒ Update existing complaints information to clearly include the term '*complaint*', expected response times, and escalation pathways.

Clinician Consultation and Continuity of Care

- ⇒ Train clinicians in managing consultations where multiple symptoms are presented, with tools for prioritisation and clear follow-up planning.
- ⇒ Consider offering extended appointment times for patients with complex or multiple concerns.
- ⇒ Improve internal handover processes to ensure continuity when patients are seen by different clinicians.
- ⇒ Explore the implementation of a "My GP" system, assigning patients to a small, consistent team of clinicians to build trust and familiarity.
- ⇒ Provide guidance to patients on how to prepare for appointments, including symptom prioritisation. This could be shared through the website, text reminders, or in waiting areas.
- ⇒ Streamline medication review processes and ensure patients are proactively reminded ahead of review dates. Consider increasing prescription durations when clinically appropriate.

Privacy Improvements

- ⇒ Install a blind or alternative covering on the disabled toilet window to enhance patient privacy.

Hearing Loop and Translation Services

- ⇒ Clearly display information about the availability of hearing loops and translation services in all patient areas. If these are not yet in place, prioritise their introduction to ensure inclusive communication.

Staff Support and Morale

- ⇒ Maintain regular and transparent communication with staff during the GMS transition process. Ensure messaging is consistent and inclusive across all teams.
- ⇒ Clearly outline the future vision for the practice and how staff roles will evolve under a new provider.
- ⇒ Accelerate recruitment of the Lead Nurse and pharmacy staff to address current capacity gaps and support team stability.

Commitment to Future Care at Leighton Road Surgery

- ⇒ Use diverse communication methods to reach all patient groups, including digital and non-digital users. This may include a dedicated section on the website (with FAQs), updates via the phone system, and proactive community outreach.
- ⇒ Work with the PPG to disseminate key updates and gather ongoing feedback.
- ⇒ Commit to regular updates for staff, patients, and the PPG on the transition timeline and strategic direction.

For comments about the practice or this report, please contact Healthwatch Central Bedfordshire on **0300 303 8554** or email info@healthwatch-centralbedfordshire.org.uk.

Service Provider response

Leighton Road Surgery

Response to Healthwatch Central Bedfordshire Enter & View Report

19th August 2025

Leighton Road Surgery and the East London NHS Foundation Trust (ELFT, the Trust) welcome the opportunity for patients to feedback independently and to respond to this feedback in order to improve patients' experience of the service. We publicised the visit in advance amongst patients to ensure the widest possible uptake, both in the surgery and via SMS messaging.

Key themes that emerged from the feedback were:

- eConsult, appointment system and continuity of care
- Communications, engagement and local complaints process
- Repeat prescriptions
- Concerns about the future of Leighton Road Surgery

eConsult, appointment system and continuity of care

The surgery implemented a total triage system, using the eConsult platform to receive and prioritise appointment requests, in February 2025.

This change was mandated by the Bedfordshire, Luton and Milton Keynes Integrated Commissioning Board (BLMK ICB) as part of the "Modern General Practice" drive to improve access to surgeries. Key aims included reducing the 8am rush and to consider appointment requests based on clinical need rather than "first come-first served".

The practice team visited a number of other surgeries that were already using these systems to understand how they worked and how they might be implemented at Leighton Road Surgery. The team decided to use eConsult, a widely used and nationally mandated platform to support the new triage process. The two other surgeries in Leighton Buzzard also use eConsult.

Prior to implementation of the triage system the practice delivered a patient engagement process that included a series of introductory messages on the website, at reception and via SMS, as well as an article in the local newspaper. The Patient Participation Group (PPG) supported the practice with the implementation, including the launch week, where PPG members and additional practice staff were at reception to assist patients with the new system.

We asked eConsult to respond to the action points in the report and have included their response in this document.

During the planning stage, the practice team recognised that the eConsult system would present barriers to patients without digital access. To overcome these barriers, the team designed the appointment process to enable patients to relay their appointment requests to patient coordinators by telephone or in-person. The surgery provides side rooms to alleviate privacy concerns and patients have the option to complete their appointment request on paper at reception.

We understand that patients have concerns about sharing personal information. The role of our patient coordinators is to capture sufficient information about an appointment request for the triaging clinician to make an informed decision and

signpost safely and effectively to the most appropriate professional. All staff are bound by the Trust's confidentiality policy.

The practice's response time to eConsult is 48 hours, meaning that the practice will review all eConsults within that time period and either see the patient or communicate further within that time frame, for example, confirm a routine appointment or send a prescription to the patient's pharmacy.

Patients may be offered an appointment at the surgery, at the Primary Care Network hub in the recently expanded Leighton Buzzard Health Centre, or signposted to another service, such as a local pharmacy. Appointment requests are prioritised on a "RAG" basis, (Red – Amber – Green) ranging from "Red" (urgent) to Green (routine priority).

The triage system is clinician-led and is designed to safely and equitably identify the most appropriate appointment for each request. Triage clinicians will arrange longer appointments if indicated by the appointment request, or if more than one eConsult submitted. The surgery operates a usual doctor system where every patient is assigned a named GP, and we endeavour to offer continuity with the same clinician.

Routine GP appointments are fifteen minutes long, and it is reasonable for clinicians to decide with each patient the most important thing when they visit, and to arrange follow-up of appropriate length if indicated.

Telephone data comparing April, May and June 2025 to the same period in 2024 indicates that call waiting times have been substantially reduced.

Communications, engagement and local complaints process

Leighton Road Surgery benefits from a dedicated local Patient Communications and Experience Team, which is based at the Leighton Road Surgery site. We sometimes refer to this team as "PALS". The team coordinates patient feedback, manages the formal complaints process and proactively assists and signposts patients with enquiries or problems.

The Trust collects patient survey data after appointments, or via feedback submitted using QR codes or paper questionnaires in the surgery. We receive a detailed monthly report on this feedback, which known as "PREM", and review the report monthly for themes and to identify actions to address them.

The local feedback and complaints process is displayed in the surgery and published on the surgery website, detailing how to make a complaint, anticipated timescales and escalation pathways:

<https://leightonroadsurgery.nhs.uk/surgery-information/feedback-and-complaints/>

Leighton Road Surgery benefits from an active and engaged Patient Participation Group. This PPG meets monthly at the practice in a hybrid in-person/online format. The PPG welcomes new members, with five prospective members attending the latest PPG meeting.

We shared the Healthwatch report with our PPG and include the PPG feedback below.

Leighton Road Surgery PPG Feedback on Healthwatch Enter & View Report

PPG Comment 1

The main general recommendations revolve around the workings of eConsult, communication with patients, complaints handling, patient consultation/appointment processes and staff morale.

Regarding eConsult, which is now used in all three practices, are there any bespoke elements available? If there are we should look at exploiting them, if there aren't Healthwatch need to be informed.

Moving on to communication with patients, we assume they reviewed the PPG newsletter and consider more/better communication is required. We are not sure not sure what the expression "co-production" means or what they have in mind for strengthening the PPG.

The remaining three areas (complaints/appointments/staff morale) are all worthy of attention and it will be interesting to get a Practice/ELFT response.

Concern that follow-up appointments cannot be booked at time of first appointment.

PPG Comment 2

It makes interesting reading and while there are recommendations for improvements, they are categorised quite well.

A couple of points:

- It's a very small sample size out of our patient population.
- Research suggests that people are more likely to provide negative response to a survey if they have strong views rather than the reverse.
- The list of recommended actions is quite long but some of the points are easily addressed (the hearing loop, toilet blind, multi level seating etc)

That said, the main issue/concern relates to the eConsult process and we can all identify with this. The electronic form length and contents definitely need review. It was interesting that Sarah [Practice Manager] said yesterday that there is an eConsult "lite" form that the receptionists use for telephone patients. Why can't that be the standard process for everyone if it yields sufficient information for the triage process?

A number of the other issues relate to communications from the practice to patients. For instance, the reason for the introduction of eConsult was explained but, how many patients would have read the Comms? Digital processes are the most efficient ways to communicate to a large audience, but not all patients have digital access. It may be worth asking Healthwatch if they have picked up any communication good practice tips from previous surveys.

Regarding the staff interviews, it was good to see overall positivity within the comments about the concern for the future. Ongoing communications with them from ELFT and the new contractor when appointed will be essential as we have already stressed at PPG meetings.

Repeat Prescriptions

The surgery team recognises that there have been periods where staff shortages in the prescriptions team have impacted on the turnaround time for repeat prescriptions. The Clinical Lead GP, Practice Manager and practice pharmacists are working on improvements in the processes that will reduce these problems in future.

The surgery is currently working to improve the turn-around time for repeat prescriptions in a number of ways, which include:

- Offering medication reviews online, where clinically appropriate to do so
- Increasing the quantity of medication prescribed to 56 days' supply
- Promoting electronic repeat dispensing
- Encouraging update of the NHS app to order repeat prescriptions online

We acknowledge that not all patients are suitable for 56 days supply of medication, for example if frequent changes of medication are needed, and that certain medications are restricted to 28 days' supply.

Concerns about the future of Leighton Road Surgery

The latest correspondence from BLMK ICB is available to patients on the surgery website:

<https://leightonroadsurgery.nhs.uk/wp-content/uploads/2025/04/LRS-stakeholder-brief-10-4-25.pdf>

In the letter, BLMK ICB provides reassurance that it has committed to work with the current partners, Dr Venkataram and Dr Ashar, as well as patients, their Patient Participation Group and other stakeholders to secure continued services. In the meantime, patients do not need to take any action, as care will continue to be delivered in the usual way. We will continue to keep patients updated.

Conclusion

Leighton Road Surgery and ELFT are grateful for the contributions from patients, PPG members, staff and of course Healthwatch to this report.

We shall create an action plan to address the recommendations and will publish our progress monthly. We shall share this progress with our PPG and publish the report on the practice website.

Feedback from eConsult to the Healthwatch Enter & View Report

Conduct a comprehensive review of the eConsult system, focusing on user experience and inclusivity. Involve patients with varying levels of digital literacy.

The eConsult system has been developed and refined over several years by eConsult's in-house clinical governance team. It is routinely tested with patient groups, and over 50 million consultations have been submitted to date, with 1,500+ practices giving regular feedback. The platform has also been rigorously tested by NHS England, and was found to have the lowest reading age of all online consultation (OC) providers tested, at 6-7 years. This ensures that the platform is accessible to a wider range of patients, including those with learning disabilities or lower literacy levels. The platform also supports proxy access, allowing carers and family members to complete eConsults on behalf of vulnerable patients. This is particularly beneficial for patients with learning disabilities who may require assistance with online forms.

We always consider the differences in digital confidence and maturity. eConsult is not suitable for all patients, and this is accepted – but we encourage those patients who are able and confident to use the platform to do so. This frees up capacity in the practice for those who struggle with digital access.

To support efficiency, when patients prefer to call, we utilise eConsult's eLite form. This enables structured triage collection by the front desk team and supports a unified administrative workflow. Using this approach, patients' needs are met, and the practice can manage requests more conveniently.

eConsult meets all information governance requirements (GDPR compliant, ICO registered, DSP Toolkit accredited, ISO27001 accredited, Cyber Essentials and Cyber Essentials+), as well as clinical governance standards (including a clinical safety case report with an available hazard log). Additionally, eConsult's unique red-flag capability mitigates clinical risk by assessing the appropriateness of the patient's presentation for general practice.

Clearly communicate the purpose and benefits of eConsult and explain how the triage process works.

eConsult provides a range of resources to help staff communicate the purpose and benefits to both staff and patients, such as written guides, videos, and infographic posters. As eConsult is a triage support tool, the purpose and benefits of eConsult are largely shaped by the practice's SOPs and triage workflow, meaning practice staff can further guide patients regarding the purpose and benefits respective to their practice. Practices will choose processes they feel best address capacity challenges and support efficient workflow.

Simplify and shorten the form where possible, removing unnecessary repetition and improving layout.

As part of our ethos to ensure that eConsult journeys are clinically safe, we aim to gather as much relevant information from the patient so that the practice can appropriately triage this patient on first contact. This means that the patient may be asked to answer more questions for some presentations, and less for others. Our templates are regularly reviewed by product and clinical teams, supported by practice/patient input, and shortened or restructured where it is safe to do so.

Templates are designed to be clinically robust and efficient – capturing a holistic data set that equips practices to manage patient needs quickly and safely. The form serves two purposes: gathering essential clinical information and assessing the suitability of the online channel, given that the consultation is asynchronous. Our objective is to maintain a balance between not exposing patients to a negative user experience by asking too many questions, but also ensuring that we don't compromise the quality of the eConsult report as a triage support tool.

Introduce a general advice template for patients whose issues do not fall under specific categories.

eConsult provides a general advice template for patients whose issues do not fall under specific categories. Patients can find this at the bottom of the A-Z list of conditions, where they will find a link to request other advice if they can't find their health problem.

Consider using dynamic questioning that adapts based on previous responses to avoid irrelevant questions.

eConsult uses dynamic questioning, so that the questions asked to the patient change in real-time based on the patient's previous answers. This means you are not just answering a long list of generic questions, but rather being guided through a process that focuses on your specific situation.

Provide clear explanations for why specific information is needed, even when not immediately relevant to the primary concern.

All of the questions in our platform are carefully designed and reviewed by our clinical team, which includes GPs and other healthcare professionals with extensive experience in the NHS. While a specific question may not seem relevant at first glance, it often helps us build a more complete picture of your health, allowing the practice to make a more accurate assessment and provide the safest, most effective advice.

When practices raise a question about the relevance of certain questions, we take that feedback seriously and these points are then discussed and reviewed at clinical governance meetings to ensure our processes are always as effective and patient-friendly as possible.

Include functionality for administrative queries (e.g. fit notes, referrals).

Patients can select from a list of administrative options, including fit note requests, test results, and other administrative queries.

Establish a dedicated phone line for non-digital users, staffed by trained receptionists who can sensitively support patients in completing forms.

To support patients unable to complete an eConsult themselves, practices can use 'eConsult Lite' - a streamlined version of the form that staff can complete on the patient's behalf, either in-person or over the phone.

Introduce a simple follow-up request process for patients who have already been seen and need further input, avoiding the need to complete a full eConsult form again.

eConsult has been designed to capture new health problems, and alongside this there are specifically designed templates for chronic or long-term conditions.

The reason we ask patients to complete a new form each time is to ensure our clinical team has the most current and comprehensive information about your health. A patient's condition can change, and a new form helps us identify any new symptoms or changes that may have occurred since your last contact. This allows our staff to make the safest and most accurate assessment possible.



Healthwatch Central Bedfordshire
Capability House, Wrest Park,
Silsoe, Beds, MK45 4HR
www.healthwatch-centralbedfordshire.org.uk

t: 0300 303 8554
e: info@healthwatch-centralbedfordshire.org.uk

Registered Address: Capability House, Wrest Park, Silsoe, Bedfordshire, MK45 4HR

Registered Company No: 08399922

Registered Charity No: 1154627