

Enter and View Report

Keele Practice (North Staffordshire Combined Health Trust)

27th February 2026



Healthwatch Staffordshire

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Report on Enter and View Visit Undertaken by Healthwatch Staffordshire on 27th February 2026

Service Visited:

Keele Medical Practice, Health Centre, University of Keele, Keele, Newcastle, Staffordshire, ST5 5BG

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Authorised Representatives undertaking the visit:

Robert Green and Emma Ford

Purpose of the Visit

We were invited back by the service to investigate how changes made since our previous visit in January 2025 may have improved/affected the practice. On the day of the visit, QR codes for our patient survey were prominently displayed in reception.

Service Background

The practice does not operate as a typical GP practice as it also has a tertiary support system through its new provider, North Staffordshire Combined Healthcare NHS Trust (NSCHT). This means that it currently has another three supporting NSCHT-led GP practices across Staffordshire and Stoke-on-Trent in addition to those already within its PCN.

The NSCHT's governance applies to each practice it delivers, including routine internal quality visits. The practice continues to receive guidance from their local Integrated Care Board (ICB) in line with peer general practices, with additional support from other local practices, forming a primary care network (PCN). Keele Practice is within Newcastle South PCN and is part of the Staffordshire and Stoke-on-Trent Integrated Care System (ICS).

Keele Practice has a varying number of registered patients due to its student population. At the time of our visit, the service supports 6,900 patients, with approximately 50% being students.

The Keele Practice is part of NSCHT's primary care directorate. It has three other surgeries – Moorcroft Medical in Stoke-on-Trent, Moss Green in Bentilee (branch site) and Holmcroft in Stafford. The primary care directorate has:

- Front of House Lead (Keele)
- Service Manager
- Operational Lead
- Clinical Lead
- Practice Nurse Lead
- Principal Pharmacist
- IT and Information Manager
- Clinical Director Primary Care (A GP at Moorcroft).
- Associate Director Primary Care
- Secretarial Lead
- Coding Lead

All the above people work across all surgeries, except for the Front of House Lead. Additional staff may also work across all practices, and some staff are contracted to one practice. Moving forward, there are plans to begin more cross-practice working. Keele Practice does not have a Practice Manager. Instead, responsibilities from that role are shared across the primary care directorate listed above and a 'front-of-house' lead who is dedicated to Keele, providing day to day operational oversight.

The practice has operated with between two and three GPs. The current GPs, when on call, remain close to the site and available over lunch – this is offered but not contracted.

Booking appointments

PATCHs is an online service that allows patients to contact their NHS GP practice. Patients can use PATCHs to submit requests, schedule appointments, view and cancel appointments. Additionally, there is a PATCHs automated (AI) telephone assistant that records PATCHs' submission questions. A ring back service is also offered, where a receptionist would ring the patient back.

Patients who struggle with PATCHs can still telephone or call in to book an appointment, however, the patient would then need to leave the practice and await their appointment confirmation. All PATCHs enquiries are triaged and scheduled centrally at Moorcroft Medical Centre by care navigator trained staff using appropriate guidance. During our visit, we were informed that the PATCHs happiness rating – which indicates satisfaction with the service – does not fall below 3.8 out of a possible score of 5.

The Service

Environment

External

Keele Practice is situated on the Keele University campus which is ideal for students; the location is also practical for residents of Keele Village, as there is a short cut-through behind the practice to the village. However, due to its on-campus location, the practice has minimal parking options. Directly at the entrance are 4 parking spaces, including one disabled parking space.

A short walk away, there is another parking area designated to Keele Practice patients offering 20 additional spaces, to ensure that patients who need to can park directly outside the building. The staff also use this car park. The path from this parking area, although short, is inaccessible to patients who are unable to use stairs. Although patients had not expressed facing any difficulties with parking, some had shared that they have been worried that there may be times where it is not possible for them to park.

The building itself is somewhat dated and shows signs of ageing. Despite this, the site was well-kept with clear signage and automatic doors. Signage has been recently added to allow patients to better navigate the building and advise people with mobility issues of parking arrangements. The main entrance features a ramp which is dropped and flush to the immediate parking area, making it accessible to wheelchair users & those with other mobility difficulties. Signage has been recently updated to help to navigate to the building and advise of car parking for those with mobility issues.

Internal

Upon entering, there is a small hallway with a second doorway that leads to the reception desk and waiting room. There is a tablet to enter your car registration into for parking. The reception desk is surrounded by a range of informative posters and leaflets, which are relevant. Some of the posters were represented in multiple languages. There was a patient feedback box in reception.

Most patients are then asked to be seated in the upstairs waiting room. Patients who cannot use the stairs are asked to be seated in the downstairs waiting room, which has limited seating under the stairs, as there is no lift in the building. Both waiting rooms offered a range of seating. During the visit, music played in the reception to help maintain patient confidentiality during phone calls.

There is a blood pressure machine in reception that prints out readings so that a patient may take them to their appointment as an

accurate reading to reduce fear or anxiety influencing the result (white coat syndrome).

Provision for people with additional needs:

- There is a disabled toilet on the ground floor.
- The reception counter has different height worktops.
- There is disabled parking.
- There is a larger car park nearby. The pathway leading to the surgery is primarily slabbed, but not wide enough for wheelchair access. There is a stairway on this path leading up to the practice. Alternatively, the practice can be accessed by the service road.
- There is an accessible hearing loop.
- The ground floor has a waiting room and 2 clinical rooms.
- There is a language line.
- The practice also signposts people to the Digital Angels run by MPFT at Keele in Town, or a receptionist will help patients with IT.

We were informed on the day that if a service user requires reasonable adjustments upon registration these can be added to the system. Patients have been contacted concerning reasonable adjustments and these are then added to the patient's records. The NHS digital flag system will be refreshed in September 2026 to check if patients have any new adjustments to be aware of, this is done annually. This will help ensure that patients get the adjustments they need when booking an appointment, as it will be highlighted on the database. Currently, service users' adjustments are noted on medical records and can sometimes be missed. The introduction of the new system should serve to 'highlight and flag' support needs.

Upstairs:

- Walls look clean and recently painted, with clean carpets and new chairs.
- A range of posters were displayed, describing services offered, mental health practitioners, midwives, advanced nurse practitioners, the role of an assistant to the practice nurse team, and an advert for a walk-in smear clinic. Again, some were in different languages.
- There was a TV in the room, but it was turned off or not working. The Trust is working with Keele estates to resolve this issue as a new cable installation is not straightforward. This was in hand prior to our visit.

- Chairs have been replaced since the previous visit.

Both waiting rooms had plenty of informative posters and literature available to patients. The main waiting room in particular offered information on travel health in a range of languages, which is very relevant to student patients.

Students can temporarily register with the practice or can register permanently. If a student was registered at home, the service would be able to treat for immediately necessary purposes but not refer the student. Students can access mental health drop-in sessions monthly. This is an additional benefit of the surgery being operated by North Staffs Combined Healthcare Trust, as they are a mental health support provider. These include managing your own emotions and stabilisation sessions provided by the Trust's mental health team.

Patient Participation Group (PPG)

The practice currently operates a PPG. There are 6 members who meet every three months and are inactive concerning matters outside of the meetings. They are provided with a surgery update, examine data and interrogate PATCHs data. They are invited to Trust service user council meetings but don't currently attend.

The membership is mostly elderly. The team regularly discusses ways of promoting the PPG and included this on the website and Facebook. The team have met with Keele University to encourage student PPG members.

Budget Constraints

The practice had not intended to make any improvements on the existing site, as they anticipate moving to a new building, though there are some possible plans to redecorate certain areas. The team are working with Keele University regarding this. There is no further update regarding a new building.

Funding remains an issue for all NHS services.

The practice completes all the required assessments to support Quality Operational Framework (QOF) points such as asthma reviews, frailty and learning difficulty reviews. We were informed uptake for long term reviews have improved.

Compliments and Complaints

Compliments: Friend and family cards can be filled in and put in the post box for feedback in reception. There is also a book at the reception. Post-appointment, friends and family test links are sent out, but this is not currently happening due to staff

shortages. We have since been informed this has now been reinstated.

Complaints: can be voiced at reception, then escalated to the front of house and, if needed, an appropriate clinician or the primary care operational lead. Initially, the practice aims to resolve complaints informally.

Formal complaints need to be in writing, and one of the management team or a clinician if appropriate, will respond. This is usually within 20 working days unless the complaint is complex.

If the resolution is unsatisfactory, the next step would be the Health Ombudsman. Alternatively, A service user may complain to the ICB or Combined operate a service called Patient Advice and Liaison Service (PALS).

A patient would only be excluded as a last resort; initially, they would receive a letter informing them that their behaviour was unacceptable. This could happen twice. After that, a mediator would attend an appointment with the patient. If the mediator considers the patient's behaviour unacceptable, that will result in exclusion from the practice.

Patient Experience

The patients that we spoke to on the day were complimentary concerning the excellent staff and the surgery overall.

We had three responses to our online patient survey. Overall, we received a limited response. The comments concerning staff were positive. The survey question concerning patient satisfaction with the service overall provided mixed responses. One patient was very satisfied, another was neither satisfied or dissatisfied, and another was very dissatisfied. PATCHs was again flagged as an issue for patients, as these excerpts show:

"My GP Practice is Keele. The doctors and staff at Keele Practice are excellent and know their patients. We have no direct contact with the Practice anymore. Any Appointments are directed through the Moorcroft Practice, where communication is very poor".

The following excerpt relates to PATCHs online:

"Rather than asking individual questions (that can't be skipped), ask for a brief description. This would help someone like me who struggles to associate symptoms with the problem and who doesn't know if it's getting worse, better or staying the same".

The following comments were collected on the day concerning PATCHs:

"PATCHs is good but sometimes it's hard as they try to call you after you've completed the form, you may not be able to answer."

"Easy to use, quick, and convenient. Access to PATCHs now makes it easier to connect + Communicate".

"I preferred the telephone system".

Patient comments on how to improve the service:

"Staff not pushing patients to register online acknowledging patients at the window when staff know they're waiting instead of fiddling on the computer."

"Doctors and staff at the Keele Practice should have total control over appointments and the welfare of their patients. When I joined the Practice, their reviews were excellent. Since they have amalgamated with Moorcroft, they have become poor. This is not a true reflection of the Keele Practice but the processes that have been placed upon them, which overall, have had a detrimental effect on patient care".

Practice response

- *"All team members providing services to patients are care navigated trained in order to provide a safe and quality service. This may include booking patients with the most appropriate clinician, including ACP in order that patients are seen by the most appropriate clinician and supporting continuity of care."*
- *"Telephones and the reception desk remain open to patients who do not wish to use PATCHs. Support can also be provided to patients who have not used PATCHs before and would like to use this in the future."*

Staff Meetings

On the day we were informed that the whole primary care staff meet twice a year for updates from the directorate. This is an online event. Due to staffing issues at the Keele Practice, no staff 'team' meetings

have been taking place since October 2025. Secretaries and coders were described as having their own meetings. However, someone must always remain at reception as due to national contract requirements the practice reception and telephone must remain open. Receptionists do not have a channel in MS Teams for communication. Management maintains an open-door policy and the front of house lead is full time and based permanently at the Practice. The Operational lead supports them and is based across all Practice sites.

Staff Levels

Staff levels are an issue; across the four surgeries multiple staff are reported as off on sick leave. There is currently a vacancy post for a 32-hour receptionist.

Staffing issues can be exacerbated due to the onboarding process that Combined operates which is usually a minimum of 3 months but can often be up to 6 months. This is to complete the necessary national NHS employer standards regarding background checks associated with the role requirements. This includes DBS check, occupational health requirements, right to work and references. The onboarding process timescale is dependent on the recruited individual providing the required information in a timely and accurate manner alongside their references.

Staff Training

Is provided by the Trust and requires that all staff undertake multiple mandatory training sessions provided by the trust. Some are face-to-face, and some are e-learning-based, which need to be renewed every 1, 2 or 3 years. All mandatory training time is paid by the Trust. The training can be accessed and booked, and in the case of online training, completed in the Trust's Learning Management System (LMS). Additional training can be accessed by employees through the Staffordshire Training Hub, which provides training for current and potential future roles and various other courses to enhance personal development.

Staff Wellbeing and Benefits

A range of employee health and wellbeing benefits are provided to staff to support wellbeing. They include:

- Trust staff counselling is available 9-4, Monday-Friday.
- Staff emergency line 9 till 4 Mon – Fri, for immediate support
- All management have an open door/email policy.
- Staff can offload to line managers (not on site).

- GPs have a support line.
- There is a financial wellbeing toolkit.
- LGBTQA+ Staff group.
- Staff group for people of the global majority.
- Thrive and revive podcast.
- Excellent pension contribution.
- Good sickness benefit.
- Good maternity and paternity rights.
- 18 weeks unpaid carers leave for children under 18.
- Emergency leave and disabled leave (i.e. for prothesis fitting etc).
- Veteran friendly.
- Lots of 'day one' rights as they abide by Trust policy, not a GP policy.

Staff Feedback

Administration staff hours have been extended as the new GP contract came into place on 1st October 2025, requiring that Practices open from 8am till 6:30 pm. No additional funding was provided to support this. On the day the GP's told us that no consultation had been entered into by the Trust with them.

Combined/practice response: The management team worked with the Practice team to advise of the incoming national requirements. The team worked together to co-create a solution including staff flexibility, changing their hours to meet the requirements without the need to formally consult.

The Practice GPs are contracted till 6pm and this has given rise to a situation whereby a lone receptionist must remain for the last 30 minutes and lock up the practice at 6:30pm. This creates an untenable situation on the grounds that the receptionist may encounter a patient emergency and/or their own safety may be at risk in that time or when locking up the practice.

The Health and Safety at Work Act 1974 requires that lone working is risk assessed in respect of potential for violence or accidents alongside psychological distress. On the day we were informed that the matter had been reported to higher management more than once and the final email included the ICB position on lone working. Staff report no response was received and the situation remains. The additional details were provided just after our visit.

The practice has advised that where possible they aim to have a clinical member of the team also on site at the same time. They are aware that the reception team on duty may be required to close the premises and a standard operating procedure is already in place to support this and to mitigate any risk. Established mitigations include:

- Using an “air lock” approach between the two entrance doors so a patient is only able to enter into the vestibule and speak to the staff member via a secure hatch where prescriptions/paperwork can be provided to them where needed. The staff member is locked securely behind the door.*
- A graded closure procedure of the building so that all rooms/floors not in use are shut down whilst two members of the team are on duty, therefore the building is fully locked down and limited to the air lock.*
- The installation of an intercom is underway so that the patient can liaise with Reception.*
- Team members are requested to move their car to the carpark directly opposite the entrance during the afternoon rather than our lower carpark which is further away.*
- The practice has access to on-site campus security. Details of who to contact is clearly available in the reception area and can escort the team member to their car upon exit if there are concerns.*
- The practice ensures compliance with the Trust lone working policy.*
- The practice is further exploring additional lighting in the entrance area, however when asked about this, the staff did not feel that this was needed.*

An online staff response provided additional insight concerning issues.

Q4. Which policies are most hindering your ability to deliver patient care?

“Not enough staff”

“New system doesn’t allow to put the patients’ needs first”

“Not enough appointments”

Q5. Are there any areas where you feel the service is struggling to meet patient needs?

“Patients are constantly complaining about drop in level of service but understand that the staff are trying their best under the circumstances of the changes made since the trust took over”

Q6. Do you feel supported by your manager and the wider team?

"Things could be better"

Q10. How are and should staff achievements be recognised?

"By not adding more and more work to people who are already at breaking point due to lack of staff and a small show of appreciation would go a long way"

The staff member did not feel comfortable raising concerns.

Multiple staff members commented that recognition and a simple thank you would suffice.

Service Response/Additional Information

The team have multiple methods in which to raise concerns including speaking with their line manager, Operational Lead, Clinical Lead, Principal Pharmacist, Associate Director and Clinical Director as well as FTSU Champions both within the Directorate and wider Trust and a "Dear Buki" facility where the Chief Executive for the Trust can be contacted directly.

The service has number of methods to recognise positive work including "Stars of the Month" which is undertaken as Directorate level to acknowledge the dedication and hard work undertaken by our team and of which the Keele practice team have been previously awarded. The Trust also undertakes staff Reach awards on an annual basis which covers a range of team and individual awards. We are pleased to advise that Keele Practice has been awarded a Reach certificate since integrating with the Trust.

Unfortunately, reception team meetings have been impacted by national requirements to keep the reception and telephones open and has reduced the ability to have a short, protected meeting time each month. Clinical and nursing meetings remain in place and the team are reviewing how reception team meetings can be reinstated without impacting on service delivery.

Staff Feedback on PATCHs

On the day we were informed of a host of issues surrounding PATCHs. A major issue was patients turn up at the surgery with a text saying they have an appointment; however, the GP has no record of the appointment booking on their screen. Furthermore, A GP is waiting for a patient to turn up, so rings them and the patient have no idea they have an appointment. We were told that this had happened 5 times on the day before our visit and 3 times that day so far (at lunchtime).

Service response/Additional Information

The service is aware that there was an issue on this particular day which was primarily due to a staff training issue. This has been addressed with the staff member through supportive training, and such incidences have significantly reduced.

We were informed on the day that sometimes the GP diary says the appointment is in person, but the patient had asked for and was waiting for a telephone/online appointment. If the patient does not arrive, the GP must trace back through the PATCHs system to see what type of appointment was booked. This was acknowledged by management in the de-brief.

GPs and patients are being told that it is one appointment per symptom. However, on PATCHs, patients can include multiple symptoms. This creates the expectation of being seen for all symptoms at the appointment. A GP's position on the day regarding this is that multiple symptoms should always be discussed as this can lead to a diagnosis.

The Trust says, The British Medical Association's (BMA) Safe Working in General Practice Guidance invites GP's to limit consultations to one issue to ensure patient safety, reduce clinical errors and prevent GP burnout.

Upon further investigation we read that the BMA Safe Working in General Practice also recommends increasing appointment times to 15 minutes, setting safe limits of not more than 25 appointments per day, dealing with the most clinically urgent symptom first and recognising that multiple symptoms may be related to an underlying condition. Alongside advocating for 'holistic' general practice.

Service response/additional information

Patients are advised at the point of booking that it is usually only one symptom per appointment. All appointments which are booked have a reason added by the PATCHs/care navigation team to advise what the appointment is for. The service follows BMA Safe Working in General Practice Guidance regarding multiple conditions in one consultation on a regular basis. Where able to do so and time permitting, clinicians can discuss more than one problem and also have follow up slots to support this.

Patients are not being booked extended appointments according to needs such as learning difficulties, anxiety & neurodivergence. The PATCHs system will only allow single appointments. The PATCHs system does not allow the patient to have any say in date or time of appointment, the appointment is simply scheduled.

There are very often no appointments and patients reportedly struggle with PATCHs. No calls are made to patients; communication is made via text only.

Staff reported that feedback they regularly receive is that patients 'hate' PATCHs.

In addition to PATCHs there is a system that handles patient documents concerning referrals and test results etc. The system is called Docman and is triaged in the same way as PATCHs by non-clinical staff centrally at Moorcroft.

The document count on the day was running at around 130.

The staff feedback we received was that, often letters were included that GPs did not need to see. Documents on occasion can be filed inappropriately. Documents are being filed that require same day action. It is unclear whether some of the documents are or need to be clinically triaged and what the workflow currently is. Prior to Combined taking over the service no Docman process or coding team was in place.

We have now been informed that triage for PATCH's is moving over to clinically led in June, this may or may not extend to Docman. It is unclear if this change was planned prior to our visit or as a result.

Online Survey Comments:

Q12. If you were the manager for a day what is the first thing you would fix?

“Get more staff and allow patients to ring or come to reception to book appointments instead of being forced to use PATCHs”

Q13. What is one piece of feedback you often hear from patients, that has not been acted upon yet?

“They want the old system back as lots of patients say the Practice has gone downhill and it’s a terrible shame”

Q14. Is there any more you are able to tell us about how the service could operate, be updated or improved in the future?

“PATCHs to be triaged by clinically trained people and more consideration for the patient when booking appointments (phone call instead of text to reduce DNAs)”

We were informed by Combined that clinical triage will commence at the end of June.

Further Staff Feedback

- GPs report receiving enquiries concerning medication and other clinical issues on their day off.
- Many medication requests are coming through improper channels, which leads to clinicians spending time chasing back details or having to request more information
- (Docman) A lack of effective triage or prioritisation was described as a big issue. The current provision is care-navigator trained triage.
- Staff are required to book annual leave 6 months in advance.
- No employee is allowed to book annual leave in-between and including Christmas and New Year.

- In the case of the Keele Practice, 50% of the patient population (students) go home for Christmas. (GP Practice).
- Due to a large volume of staff on sick leave, the current staff feel pressure to work when ill. This is reinforced with emails from the Trust threatening to cancel annual leave.
- Communication between the staff and Trust management was described as 'shocking'
- GPs felt stuck, between a 'rock and a hard place' type situation with a patient the Trust offered no guidance or support.
- The Trust receives instructions from the NHS and try to comply, but staff are not included in discussions of how to resolve issues. For example, staff have received emails asking for volunteers to cover staff sickness or informed that annual leave may have to be cancelled.
- A line manager had agreed to give a clinician a day off each month to fulfil another Trust role. When the time came this was rescinded and resulted in the clinician having to send harsh emails to argue, what was previously agreed.

Emails were visually inspected on the day by the two Healthwatch officers.

Conclusion

Given that PATCHs are triaged at one surgery it is reasonable to infer that all four surgeries and subsequent patients may be suffering with similar appointment/communication issues.

Prior to the initial visit, Healthwatch provided posters for our patient survey, which were displayed in reception. These posters don't normally generate a huge response. In the context of a GP surgery waiting room, they can appear lost among the many information leaflets on display.

Healthwatch enquired about the possibility of our patient survey being sent out to the patient base for Keele via text or email, to which we are aware there is a cost. Our enquiry was not acknowledged in the response. We would invite any Practice in future to consider doing this to really find out the patient viewpoint, or it can appear as a box ticking exercise.

We were informed on the day via staff feedback that communication with Trust management is one-way concerning issues and feedback, with multiple staff reporting that they feel enquiries and complaints

are ignored. When staff do raise issues, it's never mentioned again and management don't feedback about what happened, what may change etc. Despite Management claiming an open door/email policy, staff feel isolated, ignored and under supported. However, the Trust maintain that staff do not feedback in a timely manner or outside of due process. It's clear that there are communication/training issues.

Furthermore, staff are anxious, with understaffing causing staff to worry about taking sick leave. These issues are beginning to seriously undermine staff wellbeing. Some of the policies stipulated by the Trust do not give understanding to the nuanced context within which the Keele Practice operates. Concerning the holiday policy where staff cannot book time off over and including Christmas and New Year, the policy is just not inclusive. Many staff across the Trust have family who live across the globe.

The Trust response around this was ambiguous due to conflicting information around holidays for staff across the various services.

Appointment issues are also affecting staff morale as they no longer believe they can do their best for patients, and the situation is leading them to feel that the delivery of care is becoming fragmented.

Recommendations and Provider Responses

Recommendations made from findings:

To give due consideration as to how to the issues in relation to PATCHs can be improved:

1

1. Lost / missed appointments.
2. To investigate, how much how often this is happening daily across the Practices.
3. To reconsider making amendments to the system so patients who require additional time can get an extended appointment.
4. To amend the policy stating single symptom appointments. As multiple symptoms described can lead to efficient diagnosis.
5. To address the issues GPs are experiencing concerning not knowing whether appointments are

in person or online. Or the booking information being correct.

6. To consider conducting a patient poll independently or with us to find out what patients really think about PATCHs.

Provider response

Did Not Attend (DNA) rate averages around 6-8% for all sites and is already monitored. This is not specifically linked to PATCH's.

Double appointments are already offered to patients where this is needed, and clinicians have follow-up slots where they wish to consult with the patient again. This have been in place since integration.

PATCHs satisfaction survey is offered as part of every patient contact. FFT [Friends and Family Test] have now resumed and sent to a random selection of patients each day. Local patient surveys are undertaken each year and analysed with the national survey to create an action plan. This is shared with the PPG and practice team.

2

To give due consideration that the same triaging issues are apparent with Docman that exist with PATCHs.

Provider response

Prior to the integration, no Docman process was in place and there was no coding team at the practice. The established SOP and the introduction of a coding team member was in introduced as part of integration to support Docman workflow, appropriate documents sent to clinicians and coding of documents. This is now a well-established system at the practice and within BAU figures.

3

To consider how to improve the situation and include clinical oversight more effectively.

Provider response

Triage will be clinically led from the end of June.

4

To swiftly discuss and resolve the issues surrounding the lone receptionist locking up the practice.

Provider response

See Staff feedback provider response in report.

5

To enter an open and honest conversation with GPs surrounding the 'new' hours and how to resolve the issue of the fact they are not contracted till 6:30pm. Had this been done initially it would have not given rise to recommendation 4.

Provider response

A review of GP sessions is already underway of which the team are aware of. As an interim step, the clinical team are paid for additional cover that they provide as accrued time off in lieu.

6

To address and improve the situation between staff and higher management in respect of communication and feedback.

7

To give consideration as to how staff can be supported in role week to week. This may include:

- Much stronger feedback culture.
- Enhanced communication or bridging between staff and senior management.

- Well-being at work initiatives.
- A team leader, someone who staff can go to on the day with issues.
- To provide staff with feedback in a timely fashion as with patients.
- Enhance communication with regular staff meetings, at practice level.
- Involve staff in future direction.
- Consider how staff can be supported to feel more valued and part of a team.

The Front of House lead should act as the point of contact for day-to-day issues, and this is something which has been clearly articulated to the team on multiple occasions. The Operations Lead is also there to support the team. It is acknowledged that meetings have been impacted for the reception team due to the national changes. However, coding, typing, nursing and clinical team meetings remain in situ and uninterrupted.

Provider response

A member of the team is rotated to attend SITREP which is the main business meeting for the General Practices. We request that a member of the team attends in order that they understand the full requirements which are needed to support incoming changes as well as performance metrics, as well as gaining their understanding and input around this. Minutes of the meetings are shared with all team members for information.

Our Trust Organisational Development team has already supported some work around values and team previously. We will go back to the team to explore where we can further improve this and what development sessions they would like to concentrate on next.

We can ask the team what further communication methods would be helpful to decrease their concerns in this area.

8

To give due consideration to the staff leave policy, and how inclusive it is, given what was raised. Consider the nuanced context in which the Keele Practice exists.

Provider response

Prior to the integration of the Practice there was no clear annual leave booking process. Staff had a "first come first served" ethos which meant that some members of staff were consistently unable to obtain their preferred holiday dates. Clinical and nursing teams often left their requests to one to two weeks before leave meaning that safety and quality were impacted due to limited access and a lack of coordination around holidays.

There is now a clear booking process which is started approximately 6 months to the new holiday year in order that staff can plan for holidays. Staff are requested to provide leave requests in order that these can be reviewed and ensure appropriate cover. Requests are finalised and shared with staff. Staff can book "in year" if dates are available however we do ask for 4 weeks' notice where possible to support rota cover and to reduce potential impact on access. This feels a reasonable request when we are providing a front-line health service, recognising that 50% of our patient population are not students.

9

To consider the report and what was raised. Involve staff in future direction and openly reflect about how things can be improved.

10

To consider that given the nature of some of the issues raised, they may exist across the other Practices as well.