



Little Harwood Health Centre

Enter and View Report

Thursday 19th June 2025

9:30am

healthwatch

Blackburn with Darwen

DISCLAIMER

This report relates to the service viewed at the time of the visit and is only representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.

Contact Details:

Little Harwood Health Centre, Plane Tree Rd, BB1 6PH.
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Staff met during our visit:

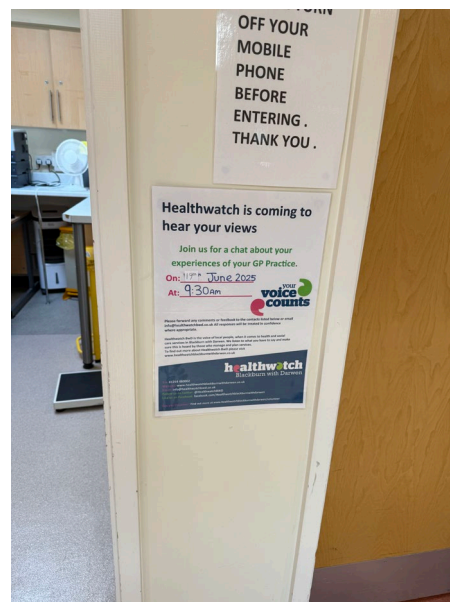
Dr Garg (GP Partner)
Sarah Murray (Practice Manager)
Louise Greenhalgh (Deputy Manager)

Date and time of our visit:

Thursday 19th June 2025
9:30am

Healthwatch Blackburn with Darwen Representatives

Liam Kershaw-Calvert (Lead)
Katie Merry (Healthwatch BwD Staff)
Jenny Hayes (Healthwatch BwD Staff)
Miebaka Adikibi (Volunteer)
Sama Awad (Volunteer)



Introduction

This was an announced Enter and View visit undertaken by authorised representatives from Healthwatch Blackburn with Darwen who have the authority to enter health and social care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the view of those people using the services. The representatives observe and speak to respondents in communal areas only.

This visit was arranged as part of Healthwatch Blackburn with Darwen's Enter and View programme to review Accessibility, Approachability and Responsiveness. The team of trained Enter and View authorised representatives record their observations along with feedback from patients, staff and where possible, carers or family.

A report is sent to the practice manager of the facility for validation of the facts. Any response from the practice manager is included with the final version of the report which is published on the Healthwatch Blackburn with Darwen website at www.healthwatchblackburnwithdarwen.co.uk

Acknowledgements

Healthwatch Blackburn with Darwen would like to thank Sarah Murray, Louise Greenhalgh, Dr Garg, together with patients staff, and other respondents, for making us feel welcome and taking part in the visit.

General Information

The practice has 8 GP partners and has approximately 12,233 patients.

The current CQC rating is Good and was last inspected on 7th December 2016.

Methodology

The Enter and View representatives made an announced visit on Thursday 19th June 2025.

We spoke to 21 patients and 5 staff, where possible within the constraints of the GP surgery routine, people's willingness, and ability to engage and access to people in public areas.

Discussion was structured around 3 themes: -

- Accessibility
- Approachability
- Responsiveness.

The team also recorded their own observations of the environment and facilities.

Our role at Healthwatch Blackburn with Darwen is to gather the views of service users, especially those who are seldom heard, to give them the opportunity to express how they feel about a service regardless of their perceived ability to be able to do so.

We use templates to assess the environment of a facility and gather information from respondents, to ensure that reports are compiled in a fair and comparative manner.

Summary:

Little Harwood Medical Centre is located in Little Harwood in Blackburn on Plane Tree Road. Patients we spoke with found access to the practice generally easy, with most either driving or walking. Some patients find parking to be an issue on site and are unaware of the additional parking around the corner, with some stating that they parked on the mosque car park next door.

The practice is bright, clean and hygienic and there is up to date patient information displayed well on noticeboards throughout the practice. However, there could be further displays on cancer screening uptake, particularly cervical screening.

The website is informative, and we noted that it has accessibility functions built into it including a choice of languages.

Patients we spoke with were able to get an appointment if urgent, but with difficulty in long queue times on the phone. Most patients however are able to see a doctor within a reasonable time. This has been recognised as an issue by the practice, and it is they continue to bring in measures to reduce the waiting time for appointments. Patients also generally found that they had enough time with the doctor, with the practice increasing the time with the doctor from 10 minutes to 15 minutes in January 2025. Patients said that staff were mostly friendly, however some had issues with receptionists.

Staff we spoke with felt supported in their roles and could speak with management if they had any concerns, with the practice manager having an “open door policy.”

Representatives overall found the practice to be inclusive with a dedicated reception desk for wheelchair users and a quiet room for patients who require this. However, there are some issues with privacy at the reception desk, with waiting area chairs being close to the desk, as well some areas not being dementia friendly areas, such as the bathrooms.

The overall atmosphere of the practice was observed to be comfortable, calm and welcoming, with a radio playing music in the background.

The practice manager told us that refurbishments were awaiting the green light to commence to improve patient experience in the practice. Plans to refurbish the waiting areas and other patient spaces are in progress. The practice gathers patient feedback to continue to improve experience, and which has been noted to have found a “noticeable behavioural change with patients.”

The morale amongst staff in the practice was good, with a staff member stating, “it’s a good working environment and a good working team.” Another stated “It’s a lovely and friendly surgery.”

There was a mixed response from patients, with some commenting on difficulties specifically with reception staff but praising the GPs. One patient stated that the “GPs really listen and are very good but the barriers in getting appointments are not good.”

Most patients when asked said that they would recommend this GP practice with one patient stating “yes, all my family come here” and another saying “definitely.”

Enter and View observations

Representatives looked at the practice website to establish contact and found it to be informative, well laid out and had valuable information displayed on the homepage. There is an option for language translation as well as changing the font size to make the page more accessible.

Before undertaking the visit, representatives phoned up the practice at 8am on 10th June 2025. Representatives were number 15 in the queue. It was noted that it took 1 minute and 20 seconds to reach the main menu on the phone.

A letter was sent to Little Harwood Health Centre in the post to inform them of our upcoming visit, enclosed was a poster which we saw displayed when we visited.

The surgery is situated in a residential area of Little Harwood. The surgery building is well signposted and the practice nameboard is easy to see from the main road. Representatives noted there was not a designated crossing area for the main road, but this was not raised as an issue by patients. Representatives found there was sufficient car parking facilities close to the building, and a dedicated car park around the corner. Numerous patients informed representatives about parking and unable to get a parking space resulting in them having to park in the next-door mosque. One stated “parking can be difficult” who was not aware of the additional parking around the corner, however another said they found it easy to get a parking space as there is a “big carpark around the corner.” Whilst there is a sign outside to inform of additional parking around the corner, signage regarding overflow or additional parking could be more visible to assist patients unfamiliar with the site.

The building is low level, purpose built and modern, with a clear flat surface entrance. The door is propped open and then an automatic door leads into the main part of the building, making the entrance easily accessible. The building and the surrounding area were clean and well maintained. All areas were at ground level and easily accessible. There were also wheelchairs by the door that were available for people to be supported within the building.



Upon arrival at 9:30am, the deputy manager was welcoming, kindly offering a drink of water in response to the warm weather, demonstrating attentiveness to patient comfort.

After the main doors, there is a small foyer from which you enter the waiting room, which has the reception desk and rows of seating. Patients reported that sometimes there are issues with the check in screen, however we observed it to be used easily on this occasion. All of the seating faces the reception desk and there appeared to be a sufficient amount of seating, with a mix of standard and adapted seating.

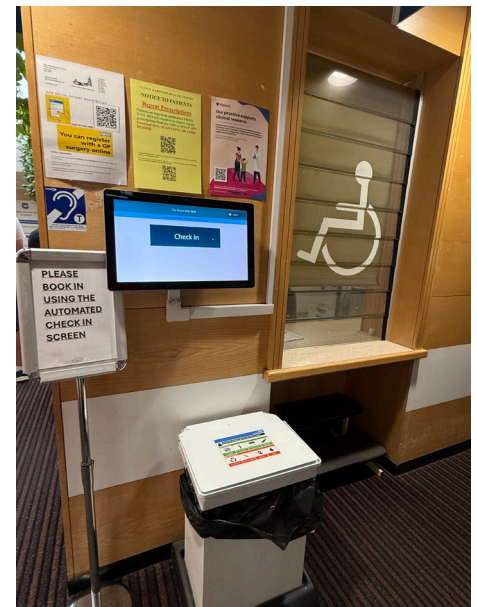


The building presented as clean and well-lit.

The reception desk has wooden dividers between desks to allow for better privacy of patients and screens to protect staff. The reception desk has three sections, desk 1, desk 2 for

appointments, and around the side there is another desk which is at a lower height that is adapted to be wheelchair accessible. Representatives found the reception to be

inclusive. However, while the reception area is designed for privacy, its layout makes the receptionist difficult to see, which may lead to the impression of staff being hidden behind the screens. There is limited privacy when patients are discussing confidential matters at the reception desk, as some chairs are close to the desk itself, which could impact patient comfort and confidentiality. Staff have informed us that the practice is looking to renovate the area and have additional spaces, especially for vulnerable patients.

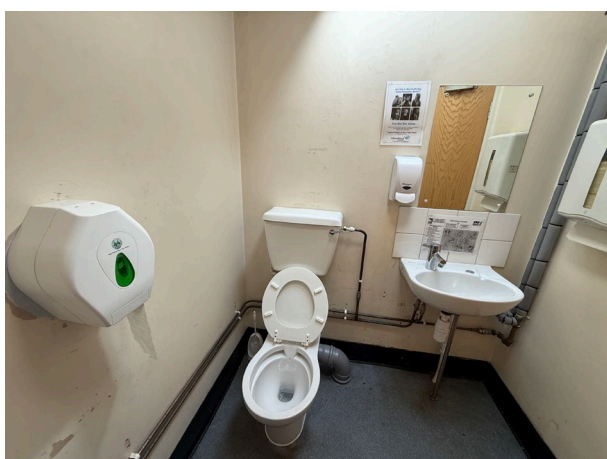




The waiting room is spacious and well-equipped, offering a wide variety of seating options to accommodate different patient needs. Staff informed us that there is a side room for patients who are more vulnerable and require a quiet area. Informational posters are displayed throughout the waiting area, contributing to a health-focused environment. However, there is limited targeted information on cancer screening which in an area where there is low uptake, is an area for improvement. The room itself was calm and relaxing, with a radio playing in the background.

The corridors to the consulting rooms were well signposted, brightly lit and further patient information was on display on the walls. The

corridors were noted to be adequately wide for wheelchair access as were the doors to each of the consultation rooms.



There were two toilets observed by representative for patients which were bright, clean and hygienic, however in need of a refurbish. The bathrooms were not fully dementia friendly with the suite being the same colour as the walls and the toilet seat was not in a contrasting

colour. Again, the Practice Manager informed representatives about undergoing refurbishment. We recommend colour contrasting walls and toilet/sink to ensure the bathrooms are dementia friendly.



Patients were called for their appointment by the relevant practitioner that they were seeing. There was no use of calling screens on our visit.

Most patients were happy with the appointment times, with thirteen patients just saying “yes” when asked if the opening hours were sufficient. Some patients raised concerns with difficulty calling at 8am, with one patient stating they “had to miss work”, due to “long waiting times” when calling at 8am. Whereas another patient said they “rang today at 8am and got an appointment.”

During our visit, we observed that the patients had short waiting times for their appointments and there were pleasant and respectful interactions between staff and the patients.

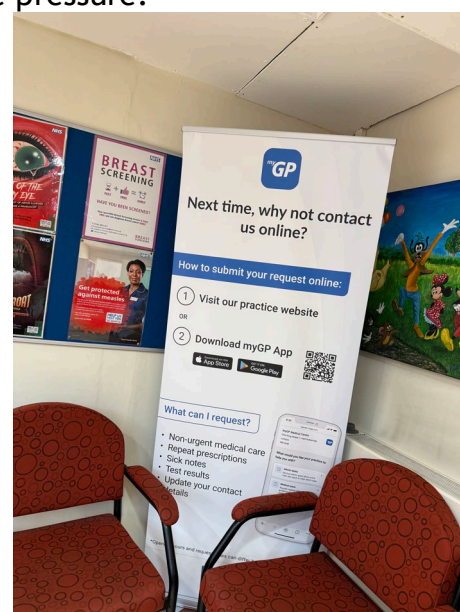
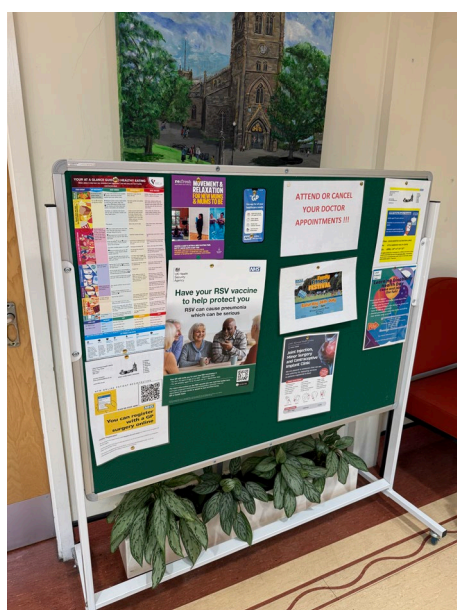
There was a mixed response from patients regarding staff interaction, specifically the reception staff. One patient replied, “it’s potluck which receptionist you get.” Another said that they “feel the reception team put a shield up, it’s difficult to get an appointment with them sometimes” and another stating the reception staff are “rude” and “dismissive.” One patient felt that the “receptionists make it hard to get an appointment.” However, other patients also stated that “they are very helpful” and that “a couple of the new receptionists are nice.” A patient told a representative that “recent staff are good and that the previous lady on reception was abrupt.” (Patient said they were 13th in the queue waiting for their turn for over an hour and got cut off. They decided to come to the practice in person to make the appointment. When they got to reception, they were told to call to book an appointment, they could not understand why she was refusing to book the appointment with them standing there). Staff informed us that the phonelines get busy which result in patients having to wait in the queue, but they do outsource the phones with three extra people in a morning to ease the pressure.

Representatives speaking with staff were told that they try their best to make sure that patients see their GP on time, but that “patients can be demanding.” However, improvements to the patient experiences regarding booking appointments and attending them was under regular review and consultation. This includes digitisation of registration, which was much quicker for patients, automating certain areas through QR codes, the extension of appointments from 10 minutes to 15 minutes, implemented after patients expressed that they did not get enough time in their appointments- this change was made in January 2025. The introduction of an app-based

system has found to ease the stress on staff as well as making a noticeable

behavioural change with patients. The practice is aware of patients who may not be technologically proficient and actively helps patients with the app where needed. Staff are aware of more vulnerable patients, working closely with the Learning Disabilities Nurse to ensure the register is updated and these patients have annual checks.

Representatives found that the staff had a proactive attitude toward patient experiences and are actively trying to improve the overall experience for patients. One staff member stating the improvements have



been “demonstrated on family & friends feedback, we had positive feedback come through on email.”

Staff signpost patients to relevant organisations, including social prescribing. However, most patients did not seem to be aware of the term social prescribing, with nine patients saying “no” and others saying, “never heard of it.” However, some patients were aware, with one stating they have “been to a group at Bangor Street.”

Feedback from Patients

ACCESSIBILITY

Are the opening hours sufficient?

Thirteen patients replied “yes.”

“Not as good as before - used to be open on Saturdays too.”

“Don’t bother with knowing the opening times as likelihood of getting an appointment is zero.”

“Had to miss work, it is difficult to call at 8 when they open due to long waiting times.”

“Have to ring at 8 to be seen on the day otherwise it is a two week wait.”

“Yes, I don’t work so the hours aren’t a problem for me.”

“They are okay.”

“Yes, it seems okay.”

“Sometimes it’s full.”

Is it easy to park or travel to?

“Parking can be difficult” (Patient did not know about extra parking area)

“I walk, it’s close to my house.”

“Yes, I drive here, I parked at the mosque.” (Patient did not know about the extra parking)

“Yes - I park on the extra car park; I’ve been coming here for years.”

“I walk here from my home so its close for me.”

“Parking can be an issue.”

“Yes fine.”

“Yes”

“No - I park on the mosque.” (Not aware of additional parking)

“No - I use the mosque or walk.”

“Yes - Big carpark around the corner.”

“Yes, I’m local and find parking okay.”

“Yes, it’s convenient and there are enough spaces.”

“Yes”

“Yes”

“Yes, parking is okay.”

“Yes, it’s walking distance for me.”

“Yes, it’s accessible.”

“Walked.”

“I walked here.”

How did you get your appointment today?

“I was cut off twice then I was 53 in the queue- it makes it difficult as I start work at 8am and its hard for me to ring at that time, I’m not allowed my phone on me at work either so that makes it difficult.”

“NHS app”

“I was 44th in the queue this morning, that’s normal.”

“Yes, I rang at 8am this morning and got through straight away.”

“I have to ask my mum or sister to book my appointment, I have had bad previous experiences with the reception team - I am quite vulnerable, so it just makes it easier than putting myself in that position.”

“I rang this morning- I did the call back and they gave me an appointment for this morning.”

“I was 48 in the queue it’s hard to get an appointment.”

“Got an annual appointment letter for with the healthcare assistant.”

“By phone - there was an error message when I was first in the queue, called back and was 5th Used the callback option, and they called an hour later with an appointment for today.”

“Walked in an asked for an emergency appointment.”

“Saw GP 2 days ago who booked this follow up.”

“I rang today at 8am and got an appointment.”

“Rang at 8am.”

“I came down at 7.45am.”

“I rang at 8am.”

“Came down to surgery at 8am”

“Came down to the surgery at 7.45am”.

“Pre-booked antenatal appointment”

“Came down to the surgery.”

“Rang at 8am”

APPROACHABILITY

Are staff courteous and polite?

“The Health Professionals are nice, but the reception team can be hit and miss.”

“I feel the reception team put a shield up, it’s difficult to get an appointment with them sometimes - I’ve noticed in the past year a changeover of reception staff.”

“Yes, they are very helpful.”

“The medical team are but its potluck which receptionist you get.”

“Yes, they are very nice.”

“The receptionist are rude - they are dismissive, entitled and try to diagnose you - I just want to see the doctor and speak to them.”

“I feel like the receptionist make it hard to get an appointment - a couple of the new receptionists are nice.”

“Yes”

“Recent staff are good. Previous lady on reception was abrupt.”

“Yes, never had an issue.”

“Yes, although the staff are different each time.”

“The receptionists are really nice.”

“They are good.”

“Yes”

“Yes”

“One of the receptionists is rude, the rest are okay.”

“Yes”

“Yes”

"I found the previous staff rude, but the new reception staff are nice, however one is still rude."

"Yes"

"Yes mostly."

Would you recommend this GP surgery?

"Not now - a few years back I would have but not now."

"Yes probably"

"Yes definitely"

"Yes, I probably would - my daughter's dad has recently joined, and he finds it ok."

"Yes, all my family come here."

"Unsure as in winter travel is hard to get there."

"No, thinking of leaving. Our son has left and prefers the new place. The practice was more personable in the past, had the same GP and when lost our dad, the GP did a home visit."

"Yes"

"Possibly not"

"Yes, I've been here 10 years".

"Yes"

"Yes"

"Yes, I've had no issues."

"Yes"

"Yes"

"Yes"

"GPs really listen and are very good but the barriers in getting appointments are not good."

"Yes"

"Yes mostly."

How do you feel about the waiting room? Is it pleasant, warm, welcoming, private?

“It’s ok, the seating is too close to the window, you don’t have any privacy when talking at the desk.”

“I feel like the reception area could be more private, I don’t feel comfortable opening up to the receptionist about my problems - I like the greenery in here gives it a nice touch.”

“Yes, it’s nice, I feel comfortable here, always somewhere to sit.”

“Yeah, it’s a GP waiting room, I don’t know what else I would expect.”

“Yes, it’s fine, I’m not bothered about what it looks like I’m here to be treated for the pain.”

“It’s okay. Hot in the summer.”

“Nice”

“Only one window, which they never open but other than that, it is okay.” (Patient is claustrophobic)

“It’s alright”

“It’s nice”

“It’s alright, nice and airy.”

“It’s okay”

“Yes”

“Nice and clean, lots of info on the walls.”

“It’s spacious”

“It’s okay.”

“Very hot.”

“It’s always too warm.”

How was your experience in getting a GP appointment?

“It’s always a challenge- it’s very difficult.”

“It’s difficult, I couldn’t get an appointment yesterday, so I came this morning at 8am and queued - there was about 20 of us in the queue.”

“Yeah ok.”

“Fine”

“Difficult to get through on the phone.”

“No issue today as they walked in and reception booked them straight in. Normally difficult to get through on the phone.”

“I was given an appointment with the clinical practitioner although I would have liked to see a doctor.”

“Just the usual, waiting time.”

“It’s for a review, so was booked in at my last appointment.”

“There is usually a long wait on the phone, so I came down to the GP surgery at 7.45am to book an appointment face to face. I want to see a specific doctor, who had 10 slots today but only 4 tomorrow.”

“Okay”

“I came down to the surgery first thing and they fit me in straight away.”

“I rang yesterday at 8am but all the appointments were taken so I decided to drive down today.”

“The appointment today was pre-booked, but I’ve been trying unsuccessfully to get my mum an appointment today. I rang at 8am and I was cut off.”

“The queue on the phone is so long, so I come down.”

“The queues are always long on the phone; I was lucky to get an appointment today.”

RESPONSIVENESS

Do you get enough time with the doctor?

Ten people said “yes.”

“I suppose so. You can’t speak to the doctor about more than one issue at an appointment - I have mentioned another problem and asked him to check, and he said I would need to book another appointment for that.”

“Yes, when I come with my parents, they are very good.”

“Yes, once my doctor cancelled her next appointment to spend more time with me which I appreciated.”

“Only get 10 minutes, tried to discuss an issue and was told by the GP it’s only a 10-minute slot. Daughter in law is a doctor and came in with me, so she spoke and summarised the issue.”

“Yes, the doctors do not stick to the 10-minute slot, so they feel they have time.”

“I’ve never felt rushed.”

“Depends on the doctor.”

Are you offered appointments in a timely manner?

Ten people said “yes.”

“Depends- sometimes 3 weeks later and it’s too late then”.

“Have to wait 2 weeks.”

“Yes, when I need it. Whatever is there I take it.”

“No. Call at 8.05am 44th in the queue.”

“Today I was”

“No”

“Yes, mostly.”

Have you been referred to other services that may be able to help you? (Social prescribing etc.)

Nine people said “No.”

“Not social prescribing but the wellbeing team and Minds Matter.”

“No never needed.”

“No never heard of it.”

“No never been offered.”

“Yes - Mind Matter but was not through the GP.”

“Yes”

“Yes”

“Yes, I’ve been to a group at Bangor Street.”

Has there been an occasion when you have felt you had to attend A and E rather than get a GP appointment?

Fourteen people said “No”

“No, never.”

“Yes”

Any other comments?

“The booking system is bad, not everyone can just walk in like they did. What about the elderly? They count down the seconds to 8am and the phone is already engaged. It is frustrating when you are ill and wait for 40 minutes to be told there are no appointments.” “I just do not understand how the booking system works.”

Gentleman stated that his wife had really poor health, which is deteriorating, and she needs treatment. He felt that they had to raise their voice to get anywhere with the practice which should not be the case. They went to London to get private scans and were told they should get treatment done on the NHS only to discuss it with their GP and be told they have to go privately.

Patient had a UTI and told to go to the pharmacist who will prescribe something. It did not help, tried a few courses with no improvement. Went back to the GP who told them to call 111. When they rang 111, they got them an appointment at their own GP.

“It’s really nice here, the receptionists are good.”

“We use the translation line when we are in the Doctor’s appointment, and it works really well.”

“It’s a pain ringing to get an appointment, usually there is a long wait.”

“I’m happy here.”

“The booking system is terrible, the website directs to the phone and then we you ring, it directs you to the website. I’m often cut off when I phone and the callback feature didn’t work for me. Having to ring at a specific time for a prescription is difficult as I end up being on hold for a long time whilst at work. I have previously complained and was given the manager’s email, emailed them, and not had a response.”

Staff views

ACCESSIBILITY

How easy/difficult do you think it is to get an appointment with the GP?

“It’s quite easy to get an appointment. The staff are good and helpful. Where patients need to be guided to, they will.”

“If you want a named GP, then it can be an issue with getting an appointment. Most can get an appointment on the day. People are on the phone waiting for around three minutes average.”

“If it’s urgent, you can usually get an appointment on the day relatively easy and pre-booked appointments usually a few weeks.”

“It depends, if it’s very urgent, reception will alert on call doctor. If the patient can wait, then a few weeks.”

Do people get to see the GP on time?

“Yes. We’re a very good GP but can depend on phone lines.”

“Yes, and obviously in an emergency they see them on time.”

“It was demonstrated on family & friends feedback; we had positive feedback come through on email.”

“Clinic rooms all run smoothly. Sometimes if there is a delay in the system, it can cause some to run behind, but in general it’s not long.”

“You get fifteen minutes with the GP, which has been something we changed from our feedback. Appointments became 15 minutes from January 2025.”

“Yes, but patients can be demanding, we try to ensure all patients get seen.”

“There are so many changes happening in Primary Care it can take time. There is a high demand, some don’t understand why they’re waiting and leave.”

“It depends on the illness. A person that needs help will get it.”

“Use Care Navigation. The phonelines can get closed up, so have to wait in the queue. We outsource the phones in a morning with three extra people to ease the morning pressure.”

APPROACHABILITY

How do you identify and support more vulnerable patients?

“We are more sensitive and take more time. It flags up on the system, and if there’s a language barrier, we’ll use other members of staff for translation.”

“Patients can also choose the gender of the GP depending on the availability and if they’re willing to wait if necessary. There are also female out of hour doctors that can be requested too.”

“We’re always notified of any vulnerable patient. There is a quiet room if needed in the waiting area. We work closely with the nurse and ensure the patients have annual checks and that the register is updated. Most vulnerable patients bring their carer with them.”

“We have a register for patients with learning disabilities; our system also identifies vulnerable patients such as Transgender patients. Making sure that it’s

on record of their transition but making sure they still get the needed health checks in a way that makes them comfortable and feel safe.”

“The government are pushing digital, we have registers that have annual review, as well as language line for any patients with language barriers. We have alerts on records so they can be dealt with accordingly.”

“It can be difficult with the digital system, as we have a lot of Urdu patients who may not be very computer literate, so it’s finding a way to ensure we reach their needs too.”

RESPONSIVENESS

Do you have a Social Prescriber attached to the practice and do you refer to them?

“Yes, and we do refer to them.”

“Yes, we work closely with them. There are several within the network, and there’s been some decent work from social prescribing.”

“Yes, tends to be GP led. INT referral. They don’t come into the practice.”

“Yes, we refer regularly and it’s getting better.”

“We also have two mental health practitioners, who we also use. As well as INT (Integrated Neighbourhood Team) to help with people who have had falls at homes etc.”

How do you manage DNA (did not attend) appointments?

“They’re recorded.”

“We identify the data, have regular monthly searches. We have a process in place for DNAs. Depending on the strike, we will send letters, will call the patients and politely ask why, usually the Nurse will ring any missed appointment, and if the appointment can be done on the phone, they’ll do it there. If it’s important, another appointment will be made. If needed, a GP will also intervene with DNAs.”

“We have a DNA policy, if patients miss two appointments in six months, they’ll get a letter first, and then a second letter if they miss again. If there is a third, we ring to speak to them about it, and from there we can take off the books, but it rarely ever comes to that. We usually identify what is the cause of the DNAs and try to help.”

“We make a list of missed appointments, using graphs to monitor and see trends in the year.”

“DNAs will get a phone call, texts. Contact is made. DNAs here have gone down.”

Do you feel you have enough training in your role?

“Yeah, there’s regular training.”

“I do; my job description has changed but I get the training I need booked. I can just ask the manager if I want any specific training. Been here 24 years.”

“Yes, training is good, but experience helps a lot.”

Why do you think that some people access A and E rather than primary care?

“What they feel they want to do first. We work closely with the on-call doctor.”

“If they can’t see the specific GP that they want to see, they think that they might be able to jump the queue by going to A&E.”

“Patients who aren’t used to the Health Care system may use A&E.”

“This is one of the biggest issues here in this practice. There is a struggle to provide number of appointments due to the demand. People have a perception that the hospital does a better job because of hospital protocol in A&E: ECG, blood tests etc and GPs don’t do that, so patients have the impression they are being seen quickly at the hospital.”

“We have a high immigrant population who in their countries the GP isn’t a concept, they would just see specialists for different issues. So, they don’t have a full understanding of the NHS, which may result in them attending A&E rather than GP.”

Any other comments?

“It’s a good working environment and a good working team.”

“GP easy to talk to if we have any problems, they’re helpful.”

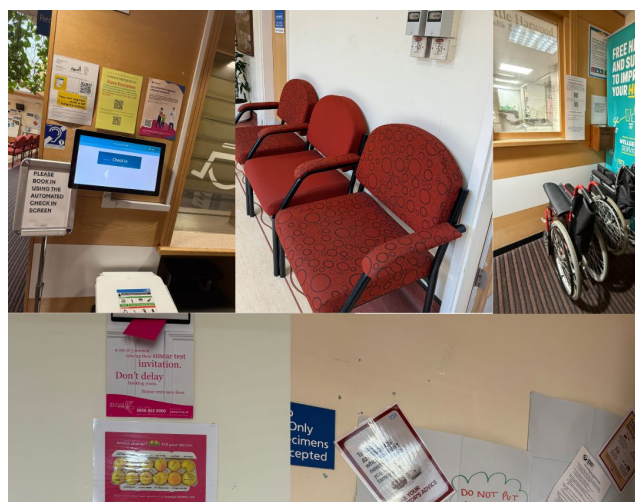
“Been here 24 years, so doing something right.”

“I enjoy working here, 99%. Nobody is ever 100%.”

“There is pressure on you as a professional to help and tackle issues. There is a high level of deprivation, in this are especially. We need to identify and tackle that if we want to fix other problems. Take medications as an example, some patients cannot afford over the counter medications and rely on getting a prescription. We have to be available for them.”

“Morale is good in the practice and there is an open-door policy.”

“It’s a lovely and friendly surgery.”



Response from provider

“We would like to extend our thanks to Liam and the Healthwatch team for conducting an announced Enter & View visit. This valuable exercise supported the views of our locally registered patients and allowed them the opportunity to highlight areas that are working well, as well as aspects that could be improved, particularly in relation to:

- **Accessibility**
- **Approachability**
- **Responsiveness**

As a practice, we are continually striving to improve and explore innovative ways of working that align with our vision of providing first-class family medicine. We have implemented several transitional and transformational changes to enhance patient access, and we continue to refine these efforts to deliver even better services.

Despite the challenges often faced in NHS recruitment, we are extremely proud of our reception team. Our staff are courteous, respectful, and dedicated, consistently going the extra mile for our patients. Their commitment and professionalism are a true reflection of our practice values and advocacy.

Estates: 2026 is an exciting year for the practice, as we have planned an extended, modernised premises to improve the patient experience, enhance accessibility, and create a more efficient and welcoming environment for both patients and staff.”

Healthwatch Blackburn with Darwen

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